

Name
In
Full

Catherine L. Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

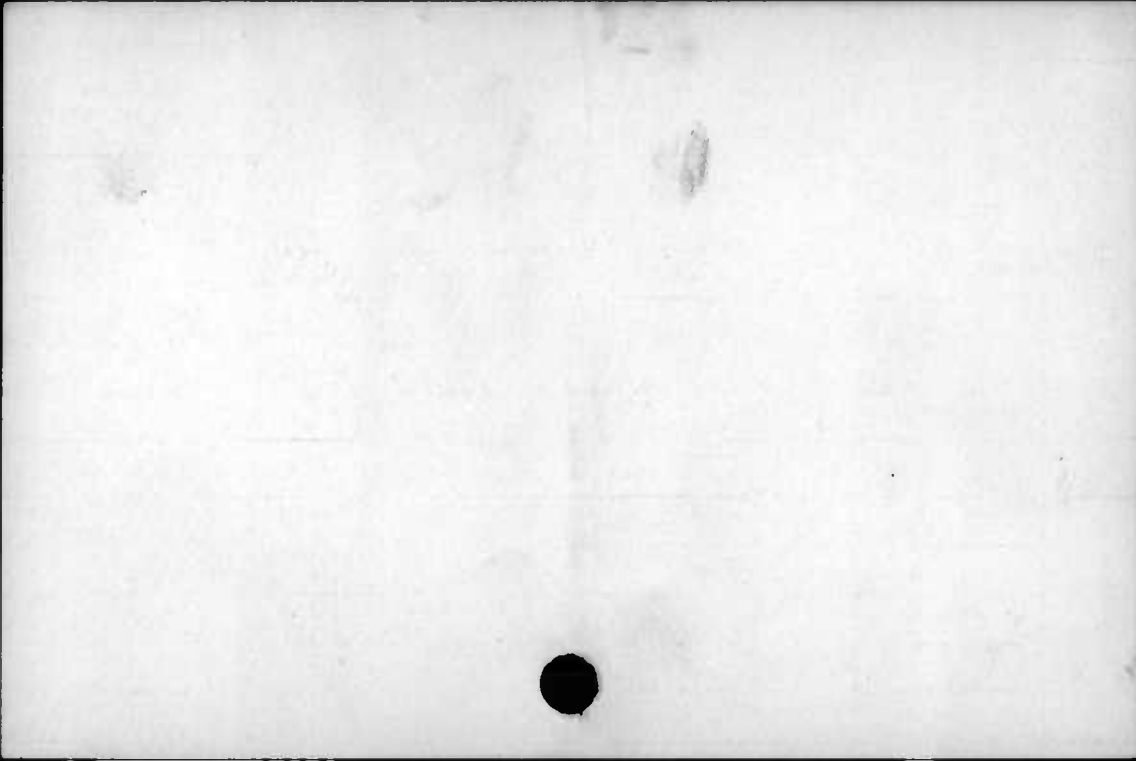
Died at <i>Gandover</i> Town		County <i>Prince Geo</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>21</i>	Age	Years Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>M.D.</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Charles J. A. Bentley</i>			Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Carrie J. Drummond</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Charles J. A. Bentley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

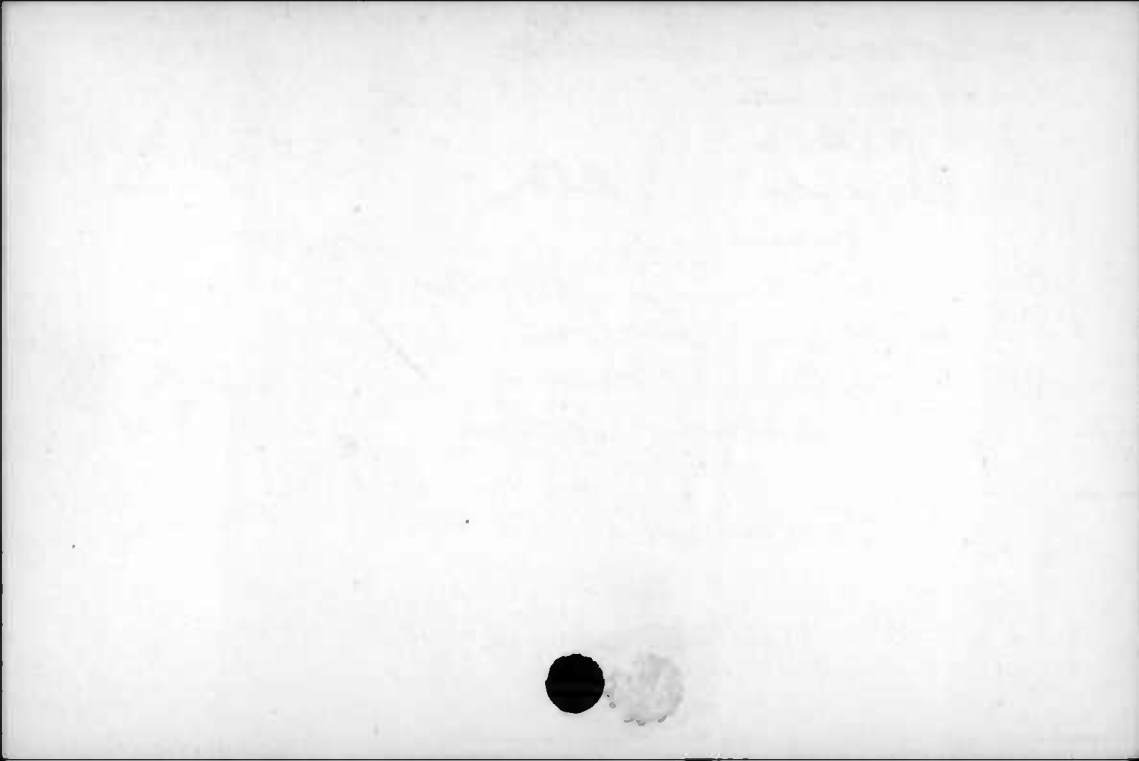
64

PHYSICIAN
OR CORONER

Primary	<i>Congestion of brain</i>	How long <i>One day</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. W. Miller</i>
		Address <i>Hypothetical</i>
Accident or Suicide?		<i>Dr. J.</i>



Name in Full		Fannie Berry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Croom	Town	St George	County	MARYLAND	
	Date of death	1907	October	7	Age	Months	Days
	Sex	female	Color or Race	colored	Birth-place	Maryland	
	Occupation	none	Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name	Washington Berry				Father's Birthplace	Croom Md.
	Mother's Maiden Name	Becket Hunnican				Mother's Birthplace	Maryland
Name of person giving information	Washington Berry				How related to deceased	father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; font-weight: bold; font-size: 1.2em;">105</div>							
PHYSICIAN OR CORONER	Primary	Summer Complaint				How long	20 days
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Ernest W. Garner
	Accident or Suicide?					Address	Act' Coroner Northbays, Md.



Name
in
Full

Ironia Colver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

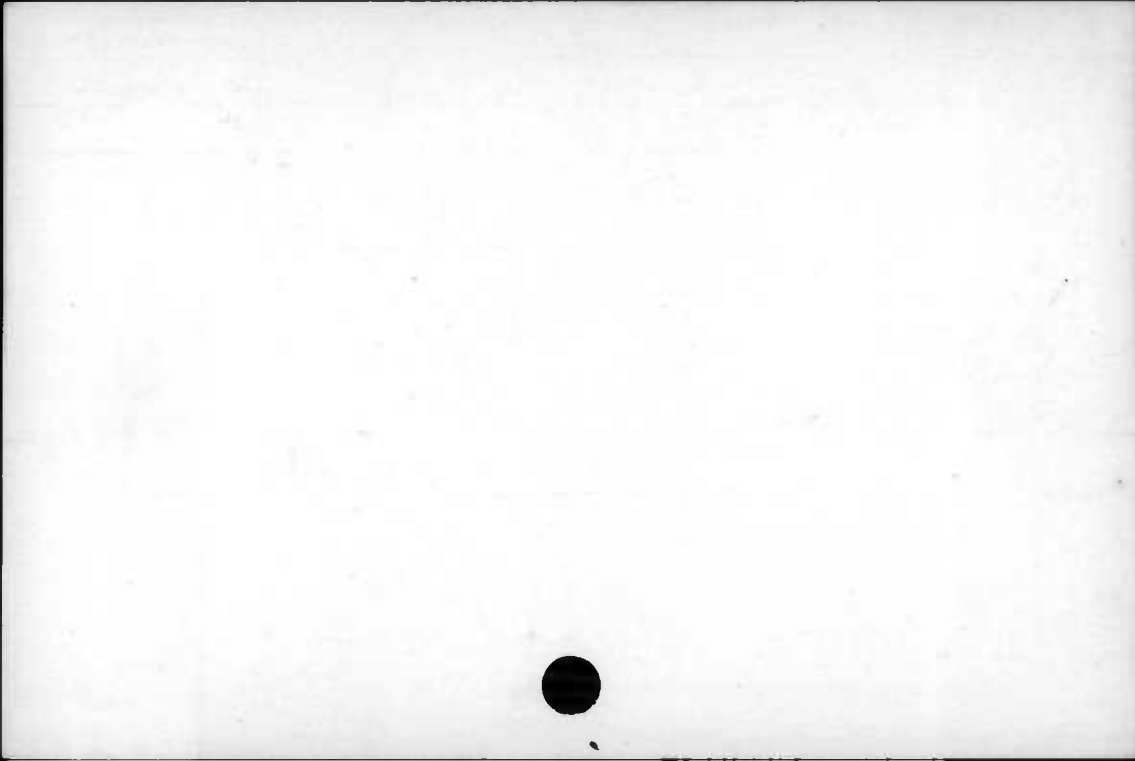
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	11		"	7	"
Sex	Female		Color or Race	Blk		Birth-place	Lanum
Occupation	nun		Where Residing if not at place of death		Lanum		
Married, Single or Widowed	Married		Name of Wife or Husband		Honor		
Father's Name	Samuel Colver		Father's Birthplace		Ma		
Mother's Maiden Name	Viola Brooks		Mother's Birthplace		Ma		
Name of person giving information	Samuel Colver		How related to deceased		Nephew		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Meningitis		How long	1 week.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		YES	Signature of Physician	
			Address	
			Samuel Colver	
Accident or Suicide?				



Name
in
Full

Rebecca Jane Dale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

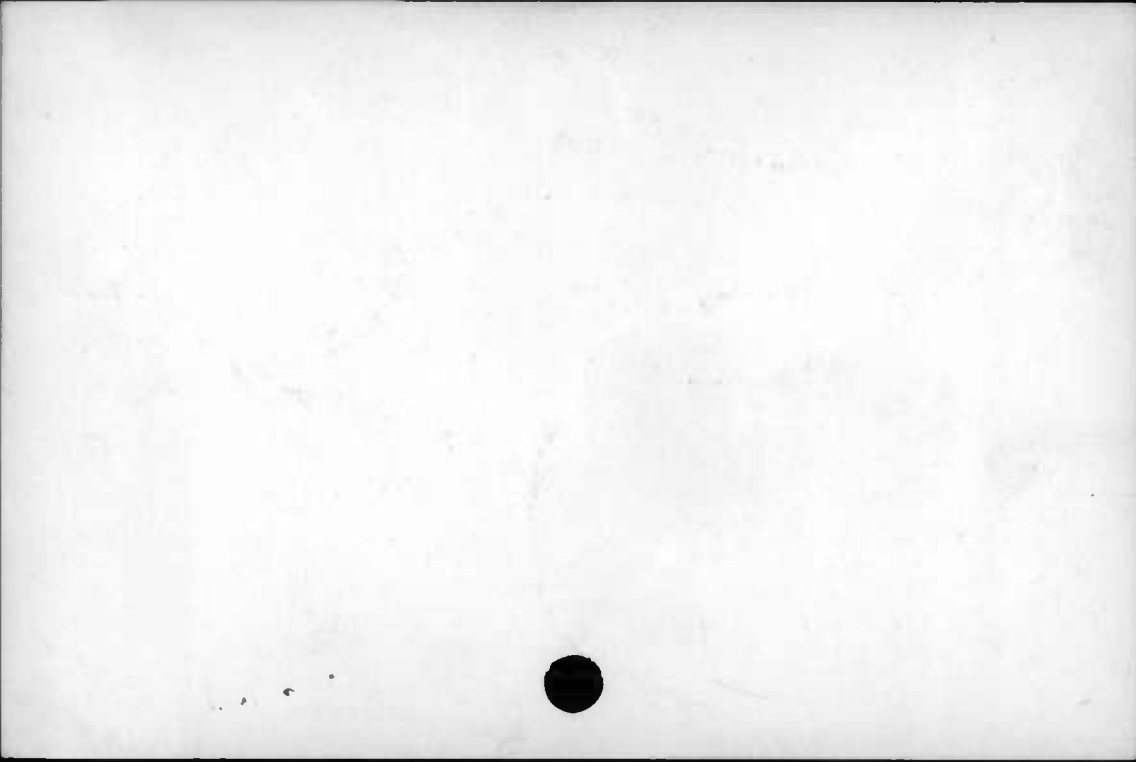
Died at		Town Crome		County Dn. Gar		MARYLAND	
Date of death	1907	Month	10	Day	23	Age	5-3
						Months	11
						Days	
Sex	female		Color or Race	white		Birth-place	Va.
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John R. Dale					Father's Birthplace	Va
Mother's Maiden Name	Rebecca Crome					Mother's Birthplace	Ind
Name of person giving information	Geo. A. Dale					How related to deceased	Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis & Valv. Heart		How long	3 years
Immediate	Asthma & hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician John A. Cor	
			Address 213.	
			Incl	
Accident or Suicide?				



Name
in
Full

Thomas Davis

CERTIFICATE OF DEATH

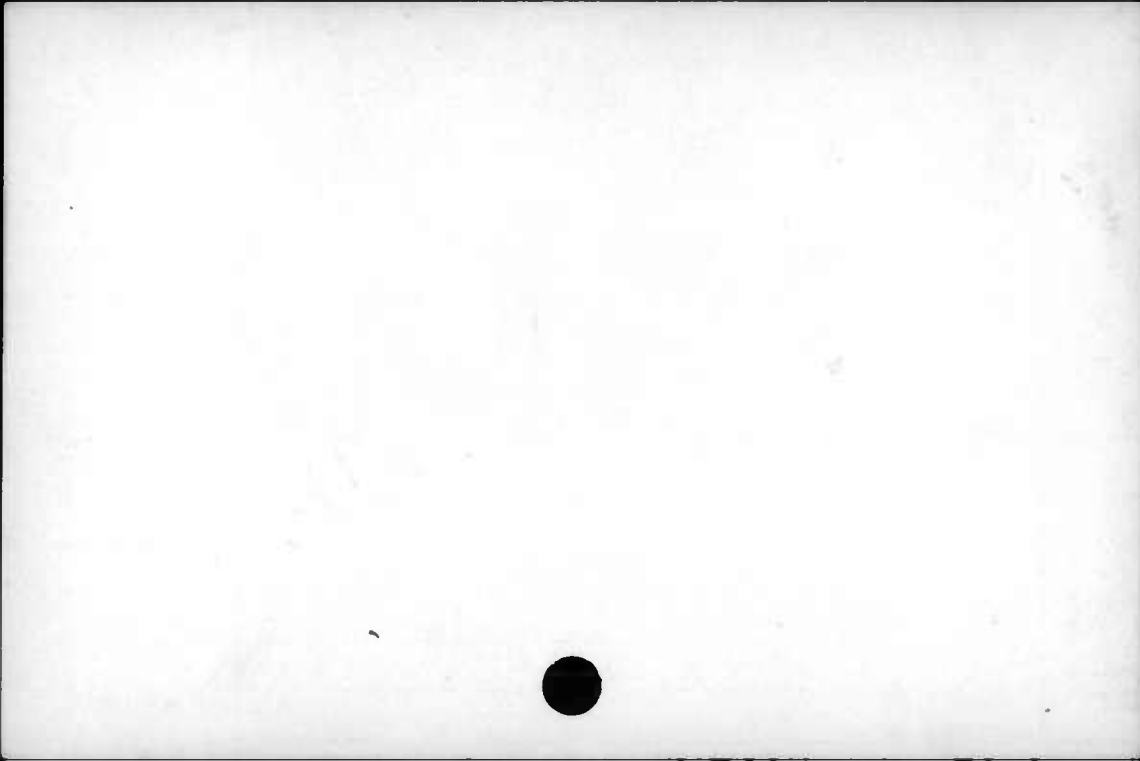
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxen Hill</i> ^{Town}		<i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>15</i>	Years <i>21</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Laborer (General)</i>	Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Illegitimate</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Lizzie Davis</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James Davis</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>5 days</i>
Immediate	<i>collapse</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. P. Simpson M.D.</i>	
		Address <i>ROSECROFT, PR. GEO. CO. MD.</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Nameless Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St. Barnabae* ^{Town} *Pr Geo* ^{County}
 Date of death *1907* ^{Month} *10* ^{Day} *1* ^{Age} *—* ^{Years} *—* ^{Months} *—* ^{Days} *1*
 Sex *Female* Color or Race *White* Birth-place *Md.*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Murray Dean*Father's
Birthplace*Md.*Mother's
Maiden Name*Bessie Irene Bivens*Mother's
Birthplace*Md.*Name of person giving
Information*Murray Dean*How related
to deceased*Father*

CAUSES OF DEATH

*157*PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Weakness

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. P. Simpson*

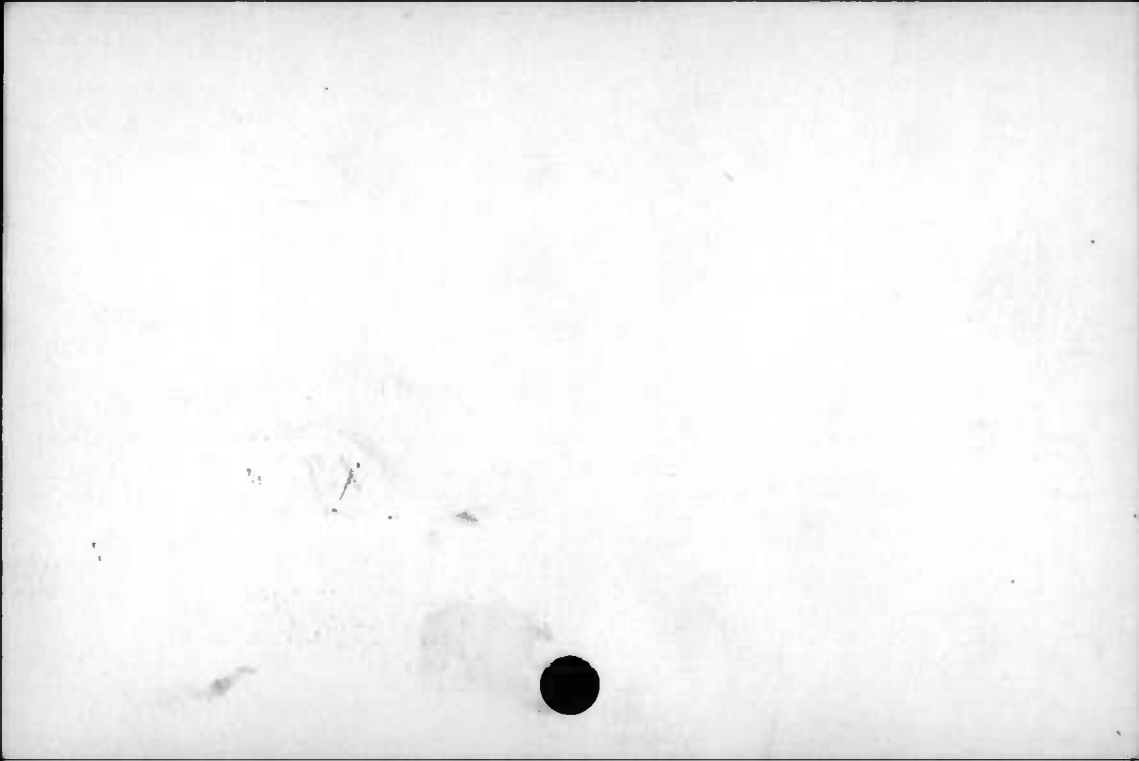
Address

E. P. SIMPSON, M. D.

ROSECRIFT,

PR. GEO. CO., MD.

Accident or Suicide?



Name
in
Full

Mamie Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Forestville

Town

P. O. County

Date

of death 1907

Month

Sept

Day

2

Age

Years

26

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Ft. St. Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Eugene Diggs

Father's
Name

William Claggett

Father's
Birthplace

Md

Mother's
Maiden Name

Rose Pinkney

Mother's
Birthplace

Md

Name of person giving
In formation

Eugene Diggs

How related
to deceased

Husband.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Grippe

How long

1 month

Immediate

Acute Tuberculosis

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John E. Sausbury

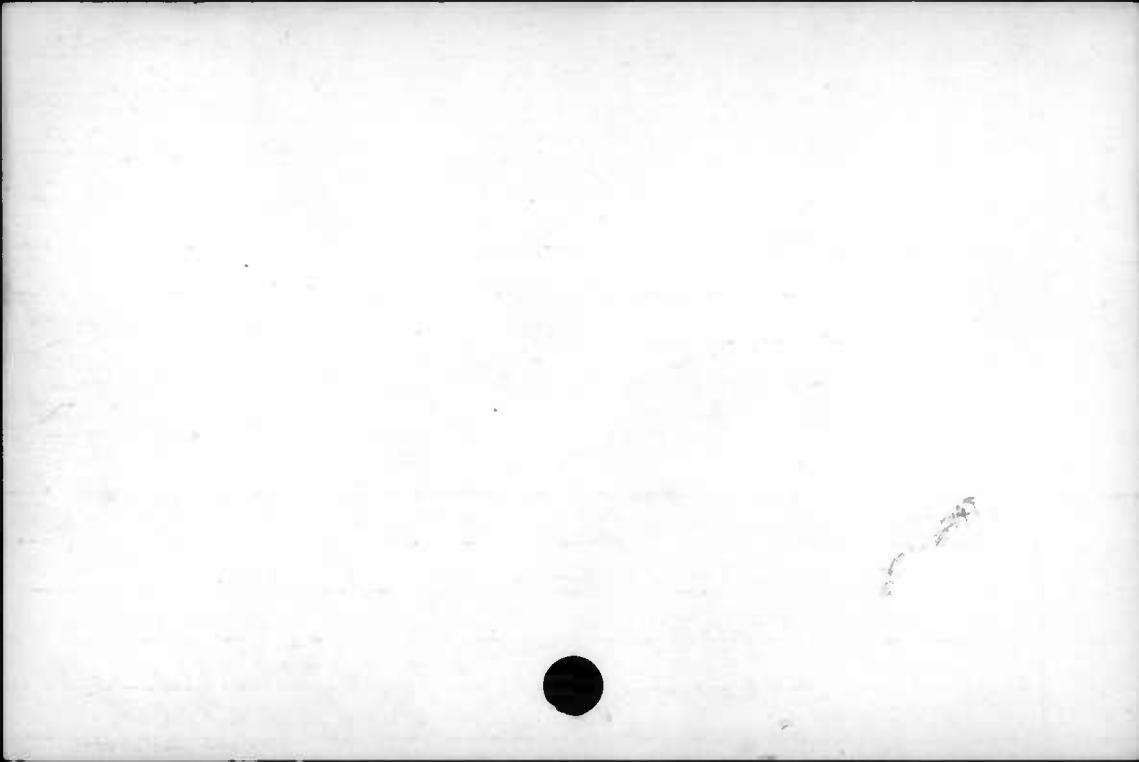
Address

Forestville

Accident or Suicide?

Neither

Md



Name
in
Full

Alice May Dove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

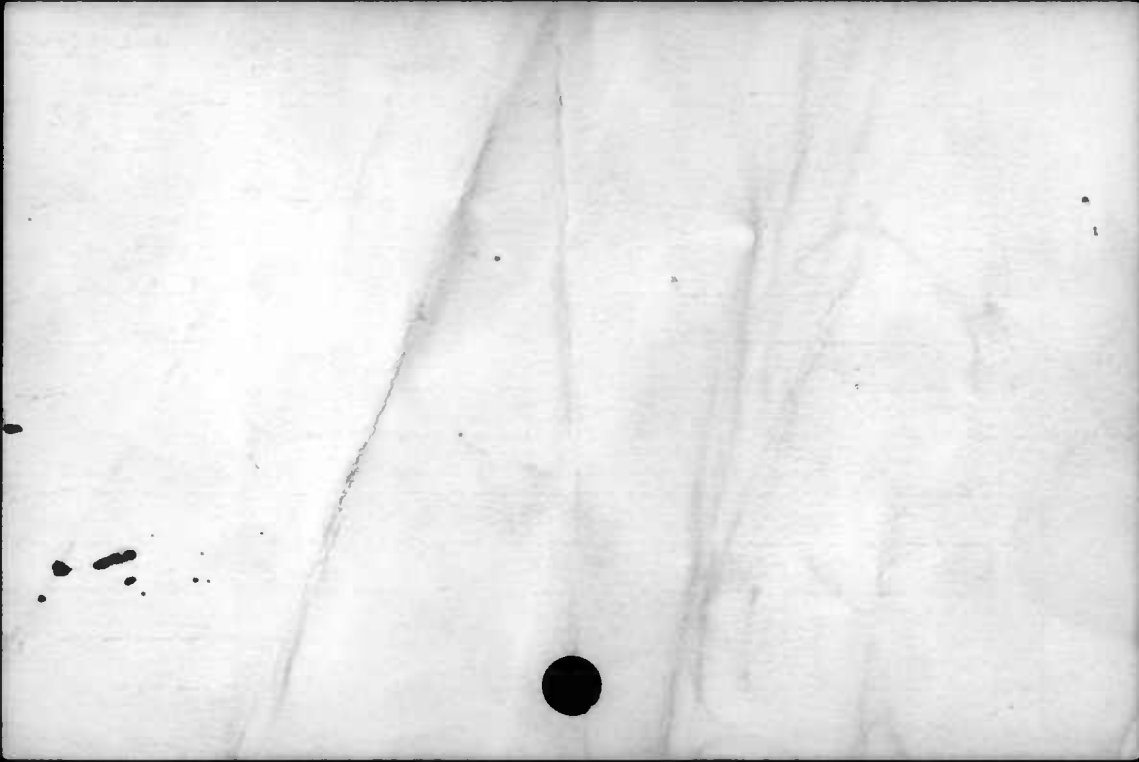
Died at		Brightseat		County		Prince George		MARYLAND	
Date of death		1907		Month		Oct		Day	
Age		18		Years		2		Months	
Sex		Female		Color or Race		White		Birth-place	
Occupation		none		Where Residing if not at place of death		Pyles Md			
Married, Single or Widowed		Single		Name of Wife or Husband		George M Dove		Father's Birthplace	
Father's Name		George M Dove		Mother's Maiden Name		Helen M Samsbury		Mother's Birthplace	
Name of person giving information		Alice Dove		How related to deceased		Grandmother			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Congenital Weakness	How long	Since birth
Immediate	Marasmus	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John E Samsbury	
Address		Forestville Pyles Md	
Accident or Suicide?		neither	



Name
in
Full

Donald Emersonfield.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
College Park		College Park		Prince Georges		MARYLAND	
Date	Month	Day	Years	Month	Days		
of death	1909	Oct	31	Age	29-11-7	7	
Sex	Male		Color or Race	White		Birth-place	
Lawyer				Where Residing if not at place of death		College Park	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	W.O. Emersonfield				Father's Birthplace	College Park Md	
Mother's Maiden Name	Lillian Tallant				Mother's Birthplace	Parkville Md	
Name of person giving information	W.O. Emersonfield				How related to deceased	Father	

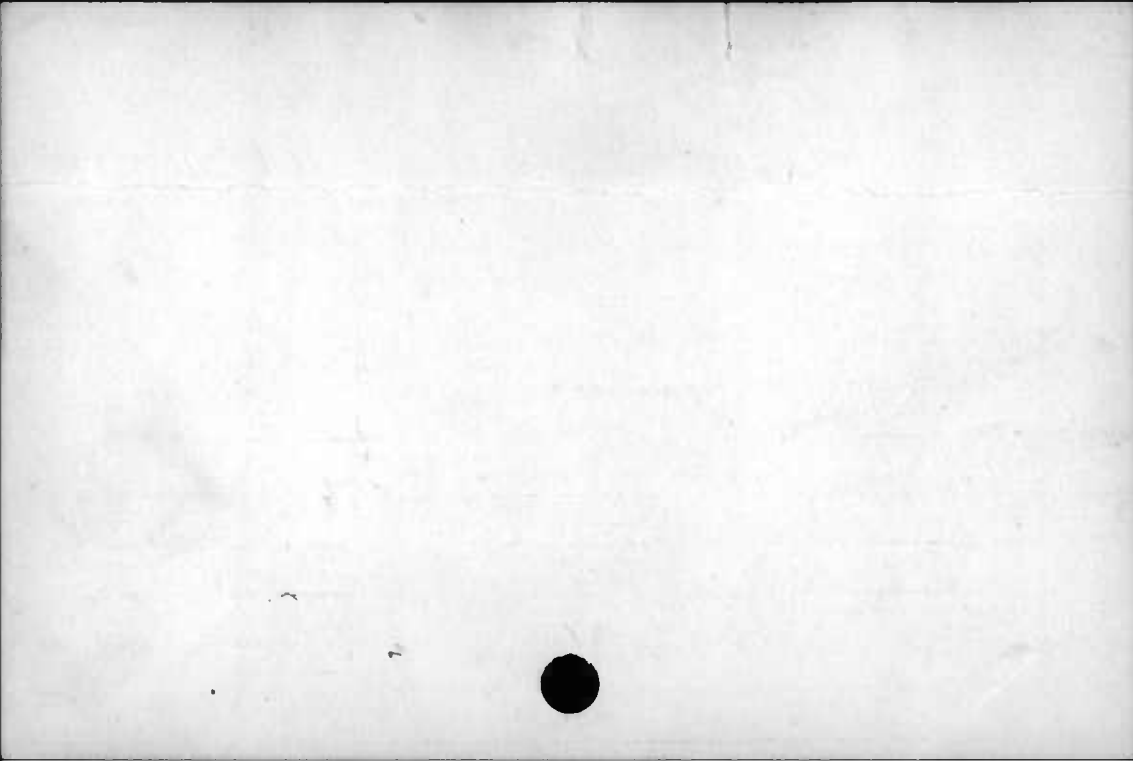
Trichinosis - cured

CAUSES OF DEATH

24

PHYSICIAN
OR CORONER

Primary	Trichina Poisoning	How long	2 months
Immediate	General failing heart - Brain	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes to best of my ability.		W.O. Emersonfield M.D.	
Accident or Suicide?		Address	
		College Park	
		Max. Cauder	



Name
in
Full

CERTIFICATE OF DEATH

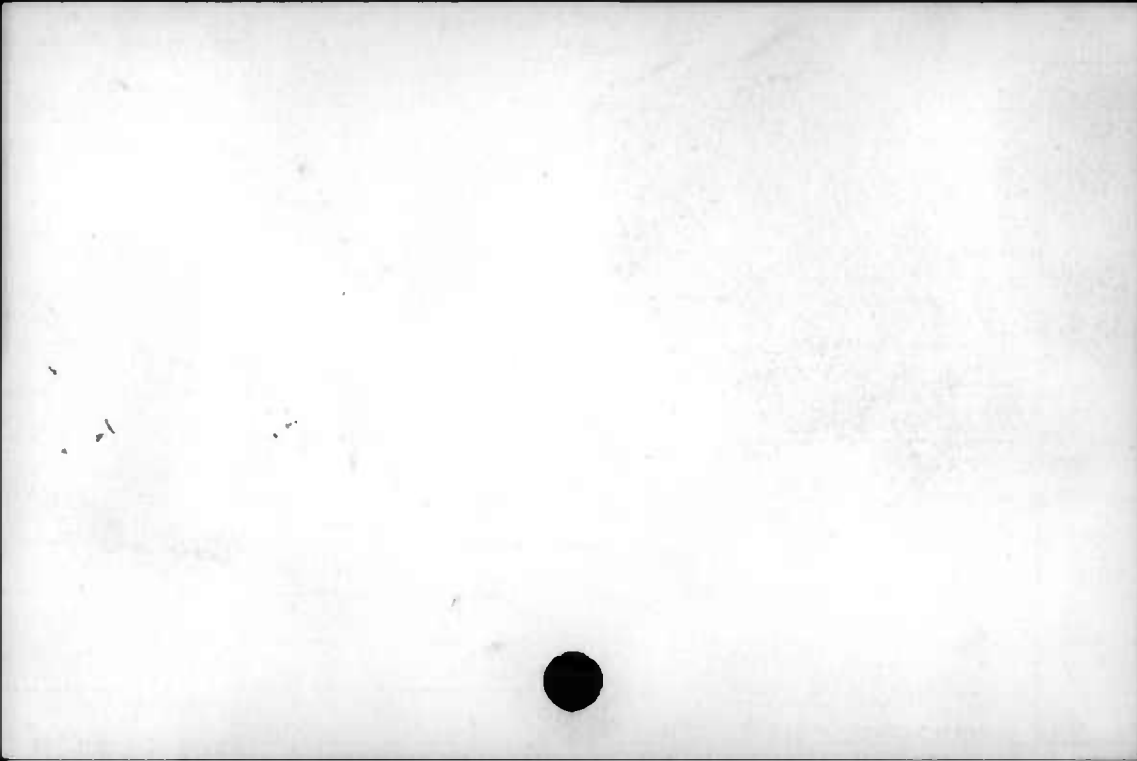
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bladensburg</u> ^{Town}		<u>Po. Co.</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Oct.</u> ^{Month}	<u>30</u> ^{Day}	Age <u>Still born</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Bladensburg</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>"</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Carrie Hallaway</u>			Mother's Birthplace <u>Bladensburg</u>		
Name of person giving information <u>Dr. R. A. Bennett</u>			How related to deceased <u>Nour.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Unknown</u>	How long <u>Unknown</u>
Immediate <u>Still born</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Dr. R. A. Bennett</u>
	Address <u>Rivendale Ind.</u>
Accident or Suicide? <u>Accident</u>	



Name
in
Full

Sarah H. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

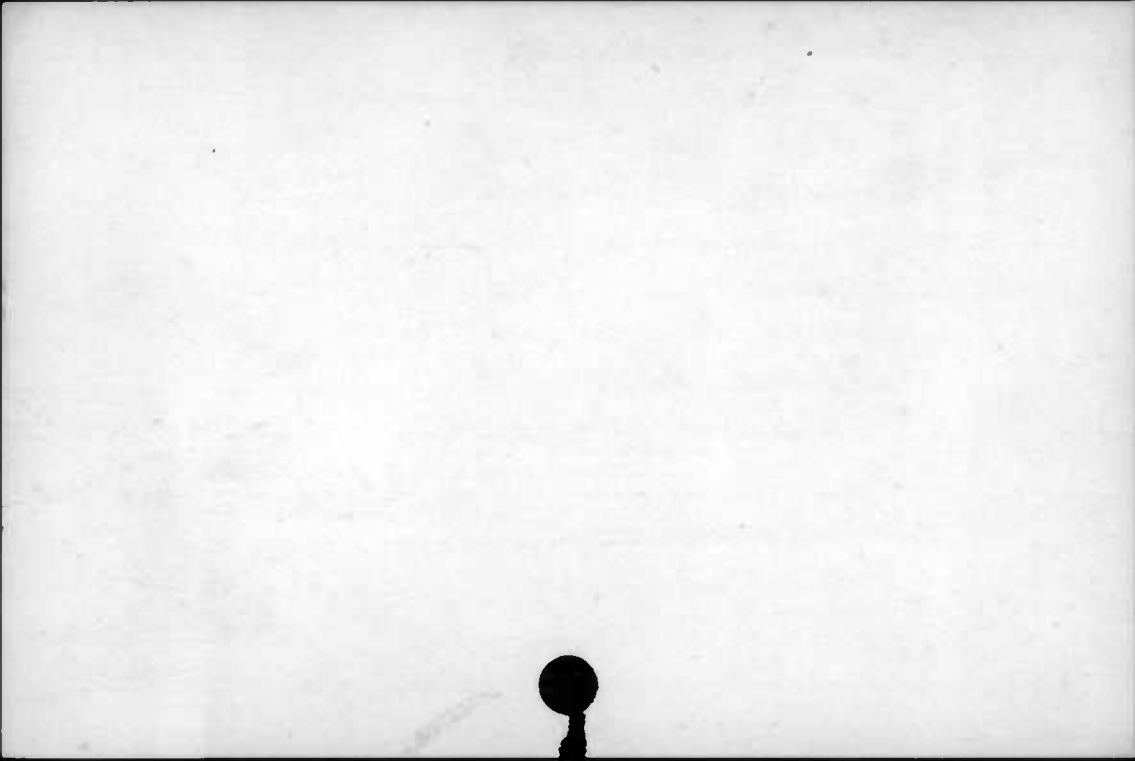
Died at <i>Northkeap</i> <small>Town</small>		<i>P. 40</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Oct</i> <small>Day</small>	<i>7</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth place <i>md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas F. Garner, dead</i>				
Father's Name <i>Thomas F. Hyde</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Sarah Garner</i>	Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Jas R. Cross</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Gastric Catarrh</i>	How long <i>1 week</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hibbons</i>
	Address <i>Crown md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

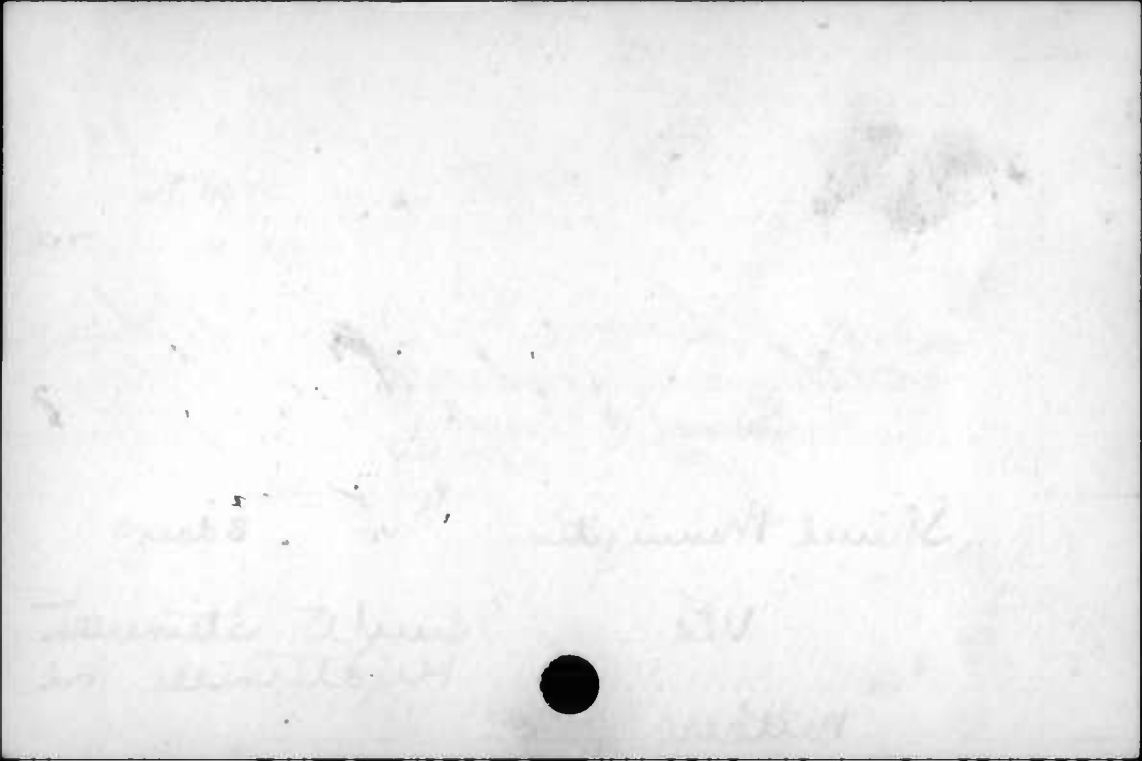
Name <i>Maria Blasse</i>		Town <i>Aquasco</i>		County <i>Pr. Geo</i>		MARYLAND	
Died at		Date of death		Age		Months	
		1907 Oct 31		90		—	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Aquasco Ind</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Adam Blasse</i>		Father's Birthplace <i>Ind</i>			
Father's Name <i>David Brooks</i>		Mother's Maiden Name <i>Alma Brooks</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Adam Blasse</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. [Signature]</i>
	Address <i>Aquasco Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hyattsville

Town

Gray

County

Prince George

MARYLAND

Date

of death 1907

Month

Oct

Day

19th

Age

Years

Months

Days

13

Sex

Male

Color or
Race

White

Birth-
place

Hyattsville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Samuel Leonard Gray

Father's
Birthplace

Md

Mother's
Maiden Name

Catherine Cosenstath

Mother's
Birthplace

Md

Name of person giving
Information

Samuel L Gray

How related
to deceased

Father

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary

Spinal Meningitis

How long

3 days

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

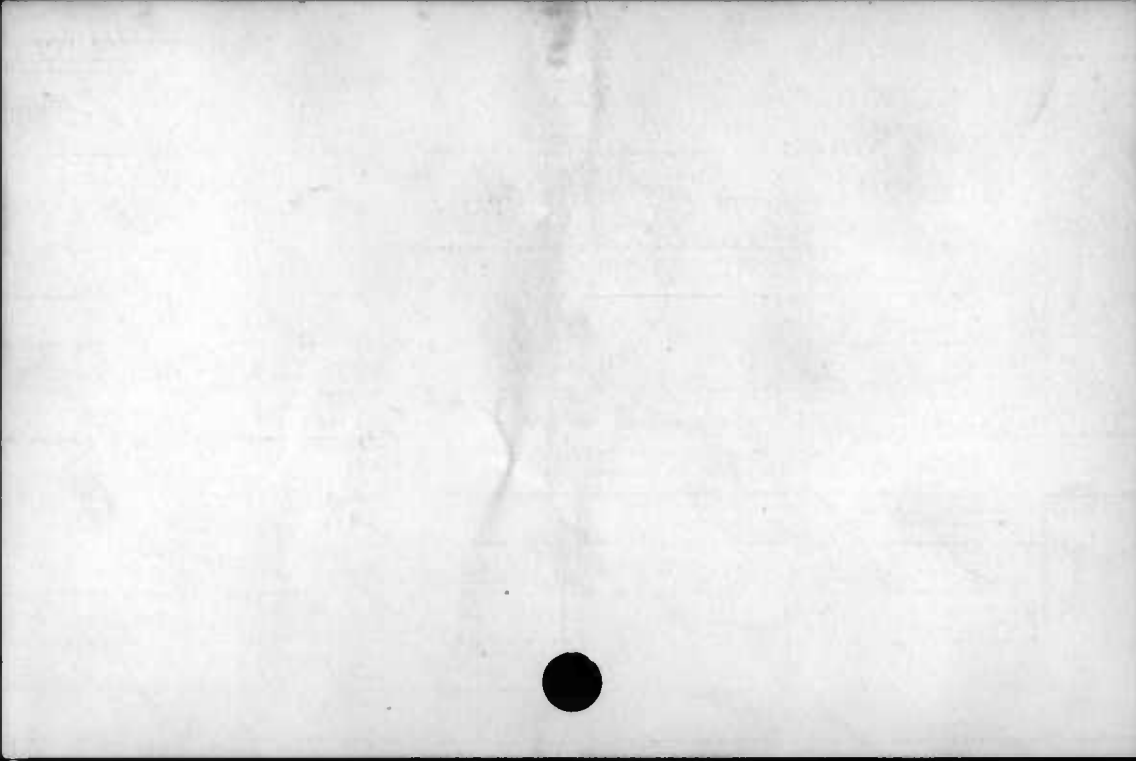
Hugh W. Bateman

Address

Hyattsville Md

Accident or Suicide?

Neither



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Green

Town

County

MARYLAND

Died at

St. Pleasant Prince Georges

Date

of death 1907

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

P. Geo. Md

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Not Known

Father's
Birthplace

Not Known

Mother's
Maiden Name

Emma Green

Mother's
Birthplace

P. Geo. Md

Name of person giving
In formation

Elizabeth Smith

How related
to deceased

Aunt

CAUSES OF DEATH

110

Primary

Grippe

How long

2 months

Immediate

Pulmonary Embolism

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John E. Sawney

St. Paul W.

P. Geo. Md.

Accident or Suicide?

neither

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Edward Grooms

Town

County

Died at

Chiltenham P. G.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 Oct

Age

13

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Inmate

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank Grooms

Father's
Birthplace

Md

Mother's
Maiden Name

Wm Grooms

Mother's
Birthplace

Wm Grooms

Name of person giving
In formation

R. J. Japer

How related
to deceased

Asst Supt

CAUSES OF DEATH

Primary

Tuberculosis

(27)

How long

about 1 year

Immediate

Neurophage

How long

short time

Are the name, age, sex, color, date
and place correctly given above?

Yes

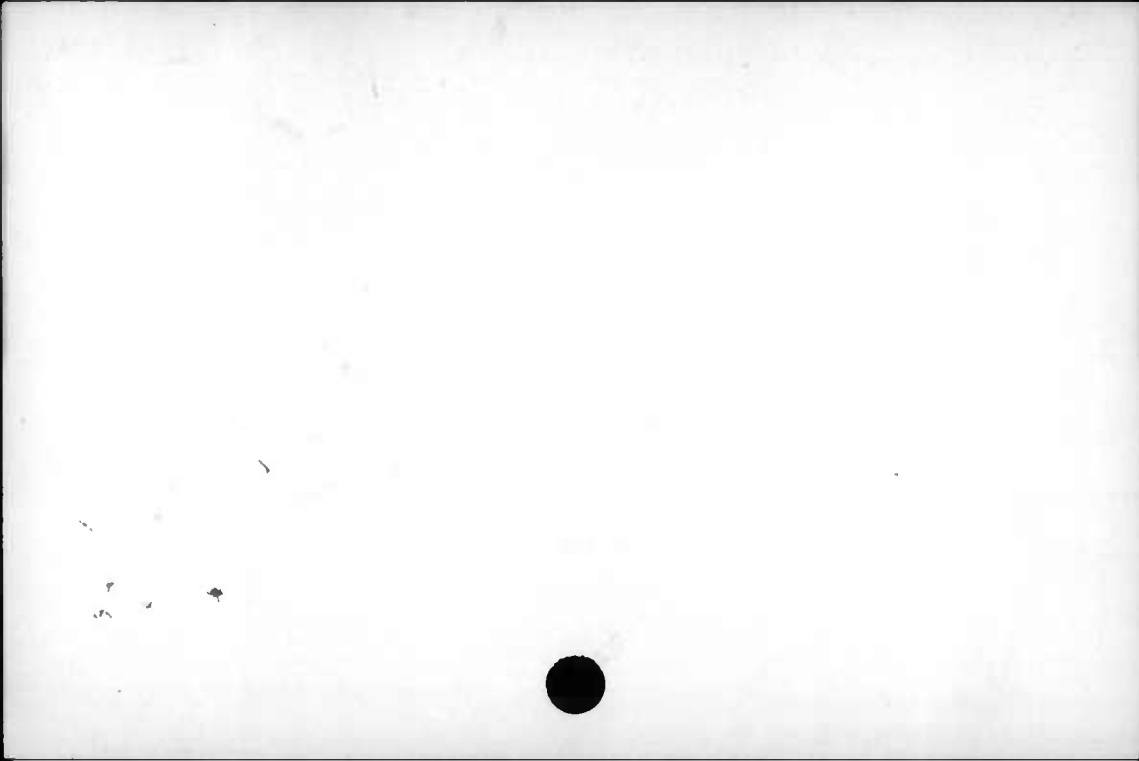
Signature of
Physician

Address

W. H. Gibbons
Crown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George Lewis Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cheltenham* ^{Town}*Pr Geo* ^{County}

MARYLAND

Date
of death *1907*Month
*10*Day
*31*Age
Years *0*Months
*5*Days
*0*Sex *male*Color or
Race*white*Birth-
place*Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm S. Hall*Father's
Birthplace*Ind*Mother's
Maiden Name*Ella Brady*Mother's
Birthplace*Ind*Name of person giving
In formation*W.S. Hall*How related
to deceased*father*

CAUSES OF DEATH

104

Primary

Chronic Gastritis

How long

4 weeks

Immediate

Asthma

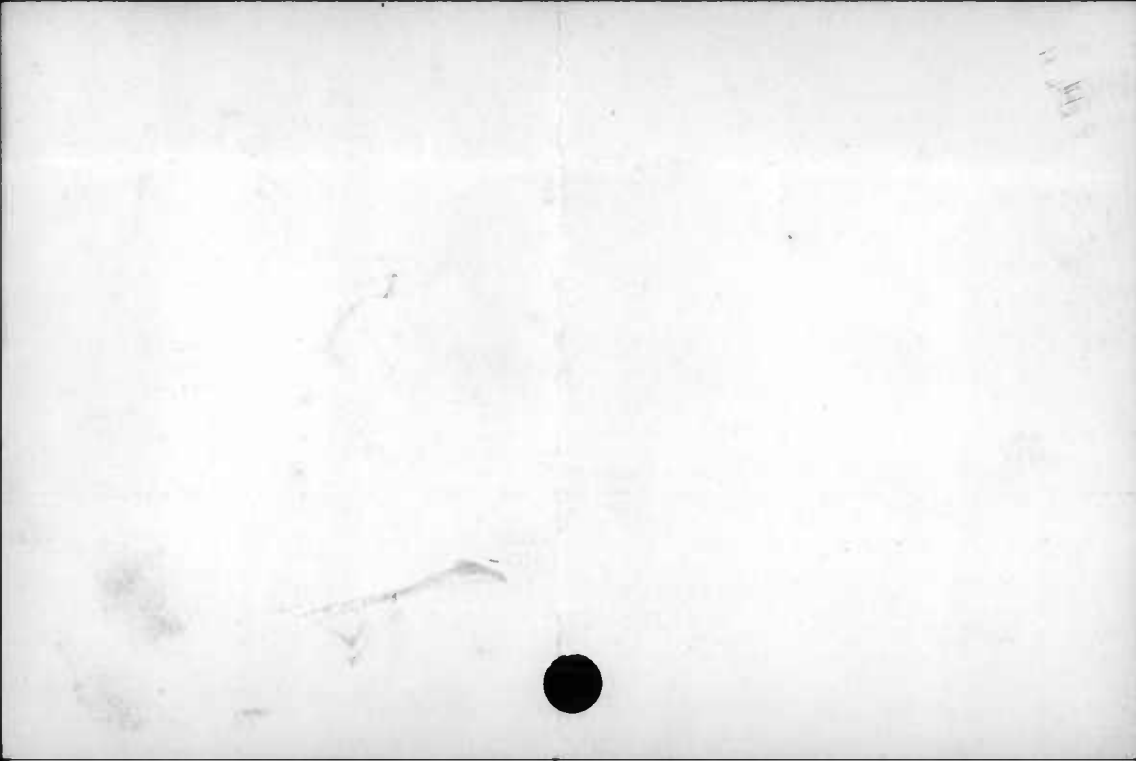
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

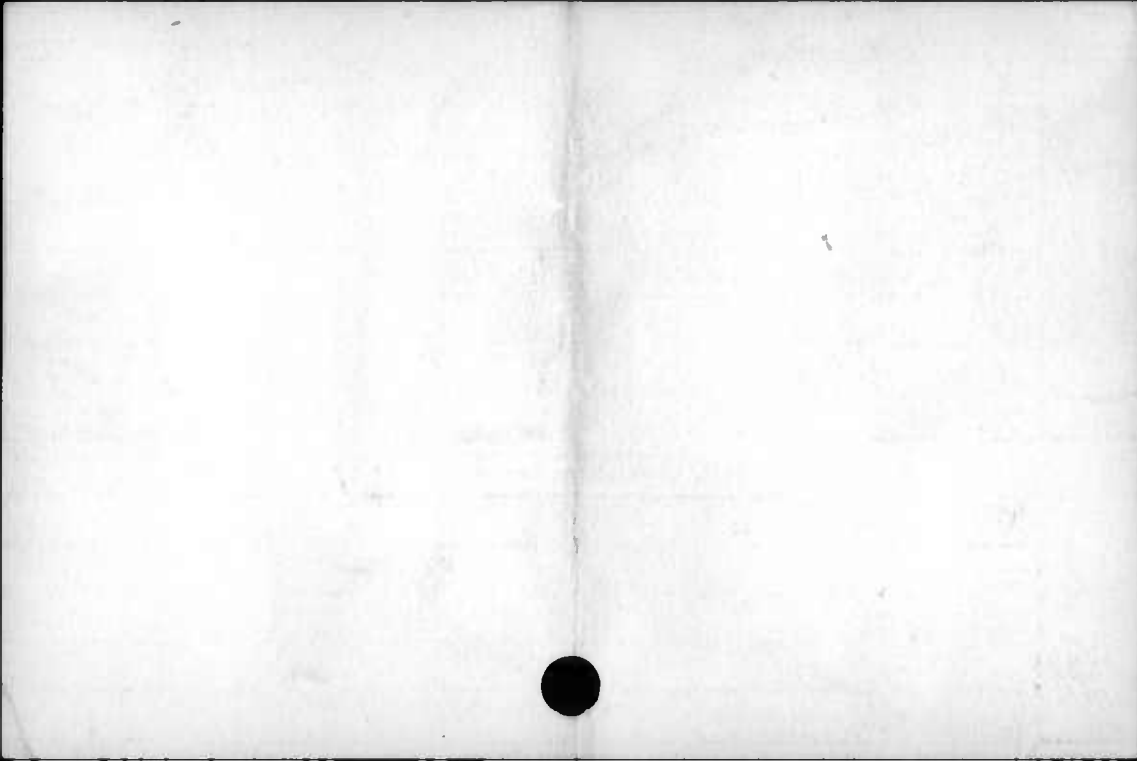
Address

*John A. Cor**213 Ind*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Gladys H. Hall		P. G. County Md				
		Glen Dale		Maryland				
		Date of death 1907	Month Oct	Day 4	Age 8	Years	Months	Days
		Sex Female	Color or Race White	Birth-place Glen Dale Md				
		Occupation	Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Richard R. Hall		Father's Birthplace Glen Dale Md				
Mother's Maiden Name		Emma Brickner		Mother's Birthplace Glen Dale Md				
Name of person giving information		Emma Brickner		How related to deceased Mother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Diphtheria				
		Immediate		Cardiac Asthma				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. D. Wall, M.D.				
				Address Springfield Md.				
		Accident or Suicide?						



Name
in
Full

William Hurley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

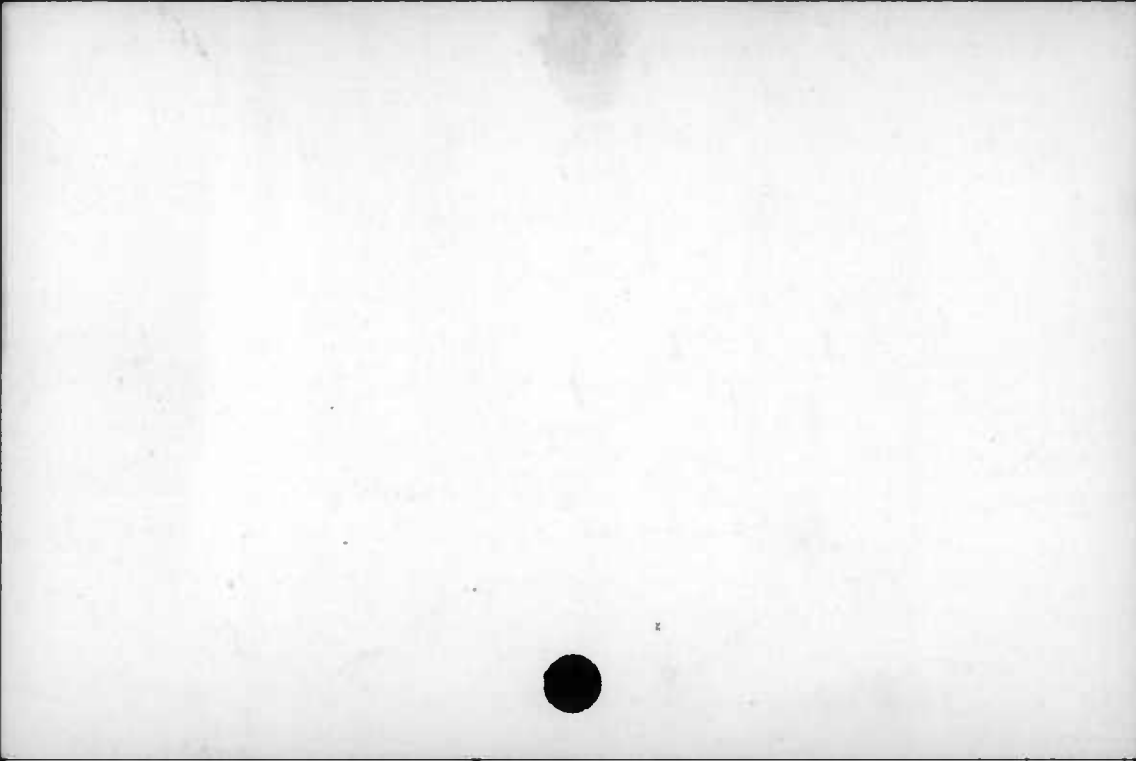
Died at		Town Maulbrook		County Plym		MARYLAND	
Date of death	1907	Month 10	Day 26	Age 80	Years	Months	Days
Sex	Male		Color or Race	Colored		Birth- place	md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name			Unknown		Father's Birthplace		
Mother's Maiden Name			"		Mother's Birthplace		
Name of person giving In formation			Miley Butler		How related to deceased		
					Cousin		

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach	How long	6 months
Immediate	Emphysema	How long	weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Kennedy Dassar	
Address		Upper Maulbrook md	
Accident or Suicide?			



Name
in
Full

Augustus Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

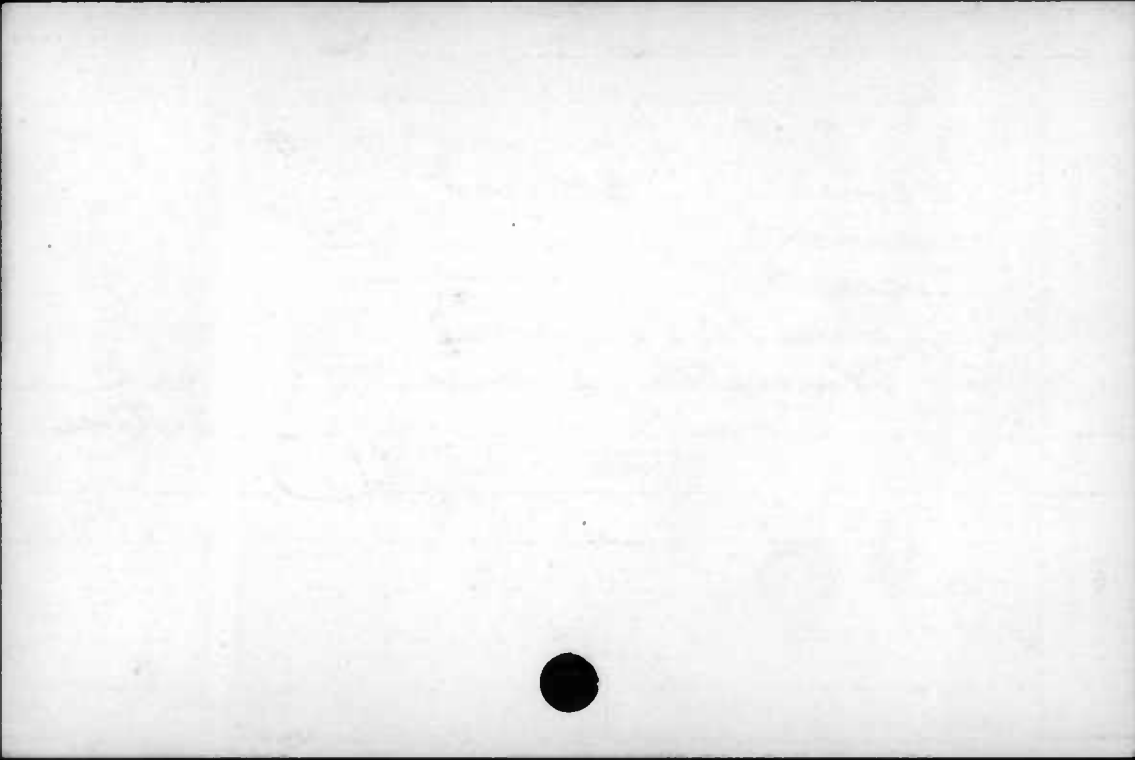
Died at <i>near Bowie</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>19</i>	Age <i>22</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wesley Henry</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Nancy Henry</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John Henry</i>	How related to deceased <i>uncle</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>one year</i>
Immediate <i>At</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Alton A. Ryan M.D.</i>
	Address <i>Bowie</i>
Accident or Suicide? <i>no</i>	<i>MA</i>



Name
in
Full

Bertha Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

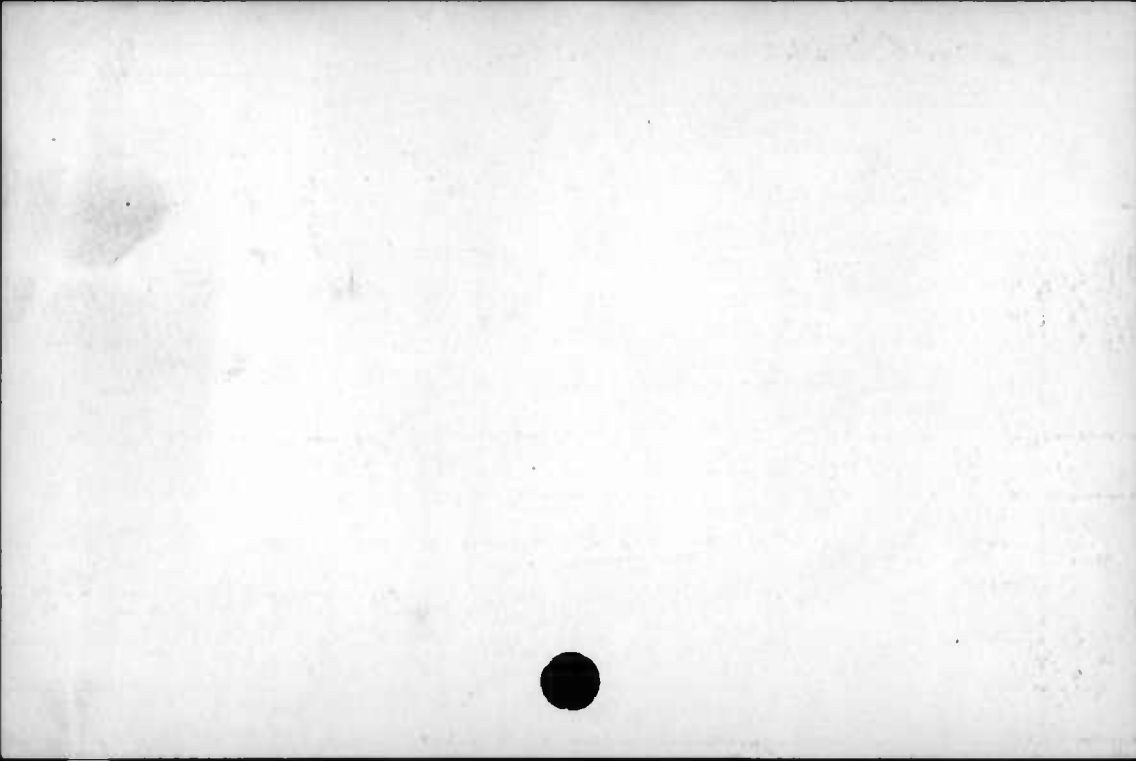
Died at		Randalltown		Prince Geo.		MARYLAND							
Date of death		1907	Month	Oct	Day	5	Age	Years	16	Months	—	Days	—
Sex		Female		Color or Race		colored		Birth Place		M. D.			
Occupation		school		Where Residing if not at place of death									
Married, Single or Widowed		single		Name of Wife or Husband									
Father's Name		John H. Johnson							Father's Birthplace		M. D.		
Mother's Maiden Name		Henrietta Bowser							Mother's Birthplace		M. D.		
Name of person giving information		Edgar T. Johnson							How related to deceased		brother		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		Natural causes		How long		4 weeks	
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Augustus H. Dahler Jr.			
				Address			
				Acting coroner			
				Bladensburg, Md.			
Accident or Suicide?							



Name
in
Full~~Hill Brown~~ Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

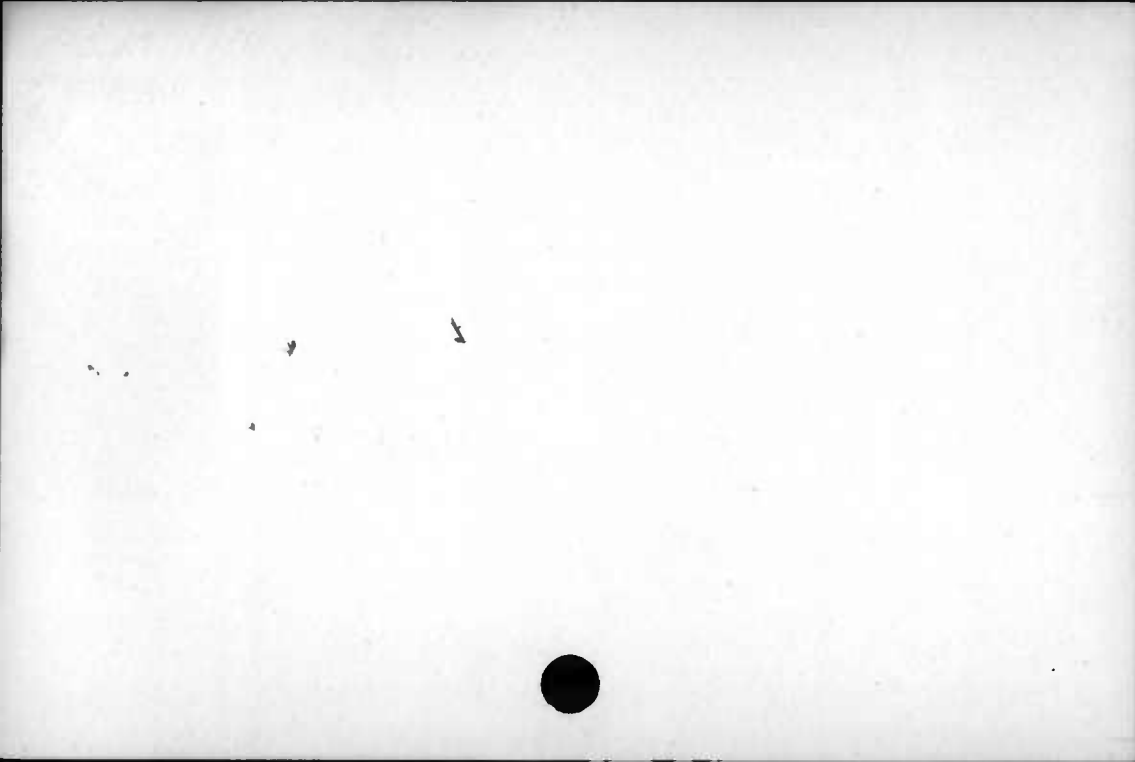
Died at <u>Hyattsville</u> Town		<u>Lees</u> County		MARYLAND	
Date of death	1907	Month	Oct	Day	30
Sex	Male	Color or Race	Colored	Years	—
Occupation	None	Birth-place	Md	Months	—
Where Residing if not at place of death		Days			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Frank Lancaster	Father's Birthplace		Md	
Mother's Maiden Name	Ellen Sharp	Mother's Birthplace		Md	
Name of person giving information	Frank Lancaster	How related to deceased		Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Natural Causes	How long	1 da
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	C. C. Stewart	
	Address	2665 E. St. N. W.	
		Wash. D. C.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mc Canley

Died at *Capitol Heights* Town *Prince George* County **MARYLAND**

Date of death *1907. Oct.* Month *19th* Day *36* Age *About 4* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Capitol Heights*

Occupation *None* Where Residing if not at place of death *—*

~~Married~~, Single *—* Name of Wife or Husband *—*

Father's Name *Henry J. Mc Canley* Father's Birthplace *D.C.*

Mother's Maiden Name *Florence B. Nuthall* Mother's Birthplace *D.C.*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*

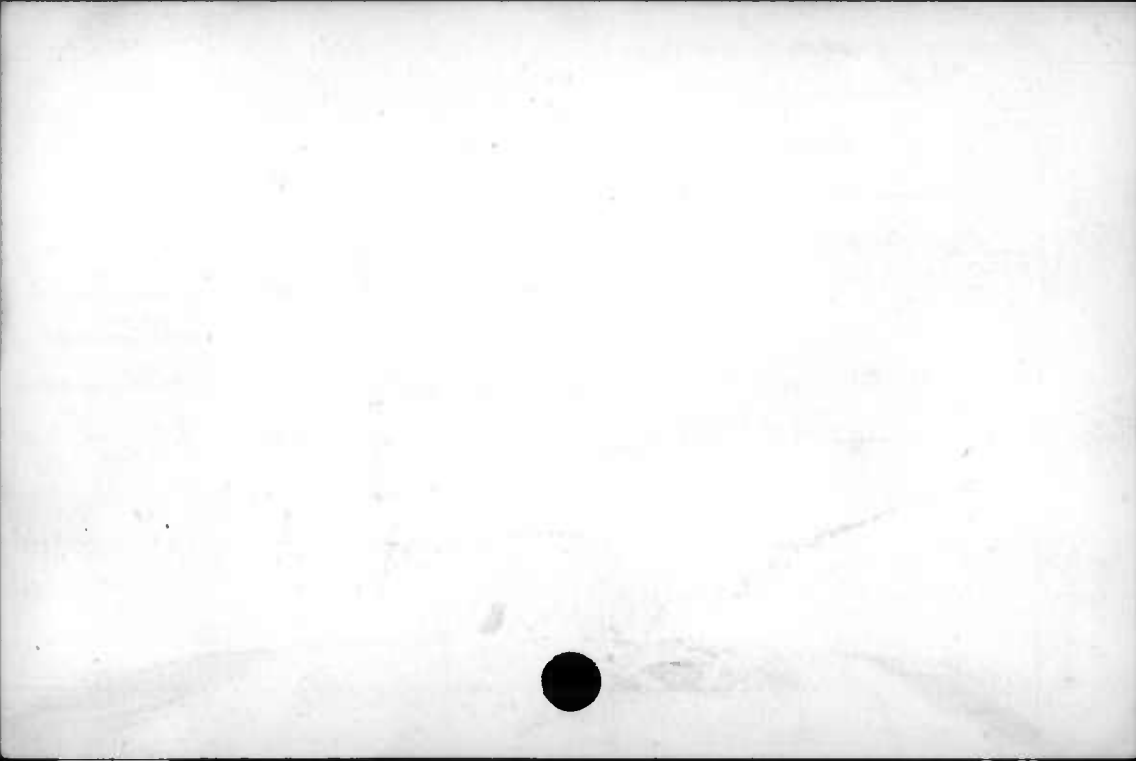
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. A. Schooner M.D.*

Address *Benning D.C.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Marshall

Town

Died at

Laurel

County

Prince George

MARYLAND

Date

1907

Month

Oct

Day

19

Age

Years

85

Months

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Scotland

Occupation

Retired

Where Residing if not
at place of death

Laurel

Married, Single
or WidowedName of Wife or
Husband

Henry Marshall

Father's
Name

Peter Antcherson

Father's
Birthplace

Scotland

Mother's
Maiden Name

Mary Anthony

Mother's
Birthplace

Scotland

Name of person giving
In formation

George Marshall

How related
to deceased

son

CAUSES OF DEATH

9.2

Primary

Broncho Pneumonia

How long

9 days

Immediate

Inflammation of lungs

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Connolly

Address

Laurel Md

Accident or Suicide?

— —

Fisher & Phair
int Laurel

Name
in
Full

Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lanham</i>		County <i>P. 540</i>		MARYLAND	
Date of death		1907		Month <i>Oct</i>		Day <i>18</i>	
Age		Years		Months <i>1</i>		Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>Lanham</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Lanham</i>					
Married , Single <i>Yes</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Joseph F. Lick</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Lezia Mathews</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Wilson Thomas</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

1371

PHYSICIAN
OR CORONER

Primary	<i>Marasmus,</i>	How long	<i>On work</i>
Immediate	<i>Same</i>	How long	<i>indefinite</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. Jones, M.D.</i>	
<i>Yes.</i>		Address <i>Lanham Md.</i>	
Accident or Suicide?			

✓ Fisher & Phair

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

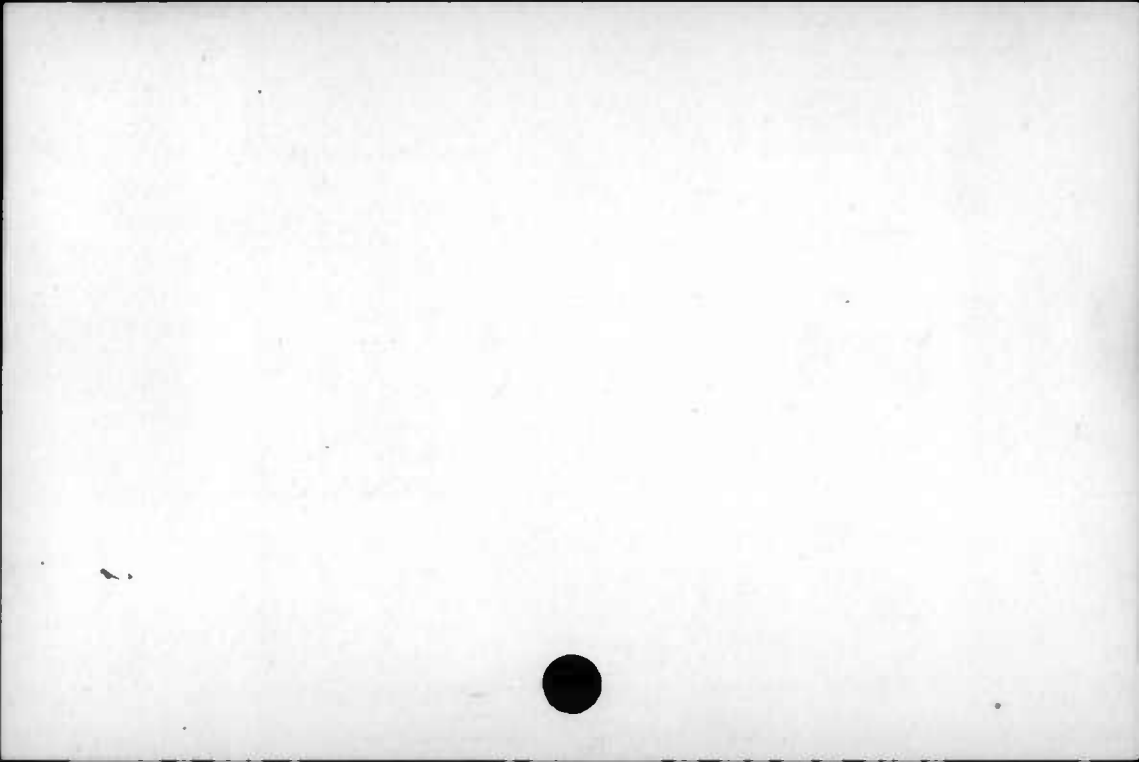
MARYLAND

Died at *T.B.* Town *P. y.* CountyDate of death *1907* Month *Oct* Day *30* Age *23* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *W.D.*Occupation *Housewife* Where Residing if not at place of death *Wash. D.C.*Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *John Medley*Father's Name *Alex Adams* Father's Birthplace *W.D.*Mother's Maiden Name *Fanny Smallwood* Mother's Birthplace *W.D.*Name of person giving information *John Medley* How related to deceased *Husband*

CAUSES OF DEATH

26

PHYSICIAN
OR CORONERPrimary *Tuberculosis of throat* How long *Not known*Immediate *Asthenia* How longAre the name, age, sex, color, date and place correctly given above? Signature of Physician *John A. Coz*Address *T.B.*Accident or Suicide? *W.D.*



Name
in
Full

Clara E. Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Nottingham		County Prince George		MARYLAND	
Date of death	1907	Month October	Day 4	Age	Years	Months	Days 12
Sex	female		Color or Race	colored		Birth place	Maryland
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed	_____		Name of Wife or Husband _____				
Father's Name	Clarence Middleton					Father's Birthplace	Maryland
Mother's Maiden Name	Nida Brown					Mother's Birthplace	Maryland
Name of person giving In formation	Richard Johnson					How related to deceased	none

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis		How long	don't know
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Ernest W. Garner	
			Address	
			Northkeys	
Accident or Suicide?			2nd	

24

3

11

22



Name
in
Full

William M. Newman

CERTIFICATE OF DEATH

Died at ^{Town} Rose Croft^{County} Prince Geo

MARYLAND

Date of death 1907 Oct

Day 22

Age 15

Months

Days

Sex Male

Color or
Race

Black

Birth-place Prince Geo. Co. Md.

Occupation Child

Where Residing if not
at place of death

Maryland

Married, Single
or WidowedName of Wife or
Husband

Father's Name Albert Newman

Father's Birthplace Md

Mother's Maiden Name Sarah Robinson

Mother's Birthplace Md

Name of person giving
information Albert NewmanHow related
to deceased father

CAUSES OF DEATH

120

Primary Chronic Nephritis

How long 8 months

Immediate Anemia

How long 1 month

Are the name, age, sex, color, date
and place correctly given above?

Yes

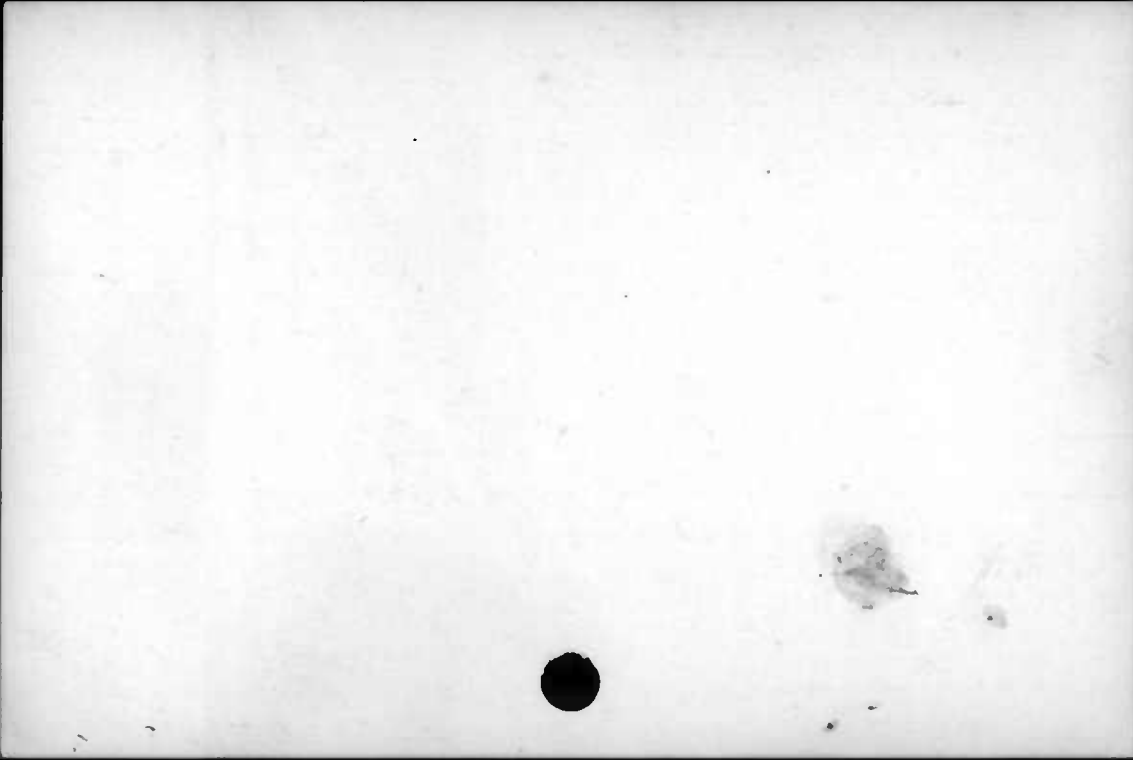
Signature of
Physician

Address

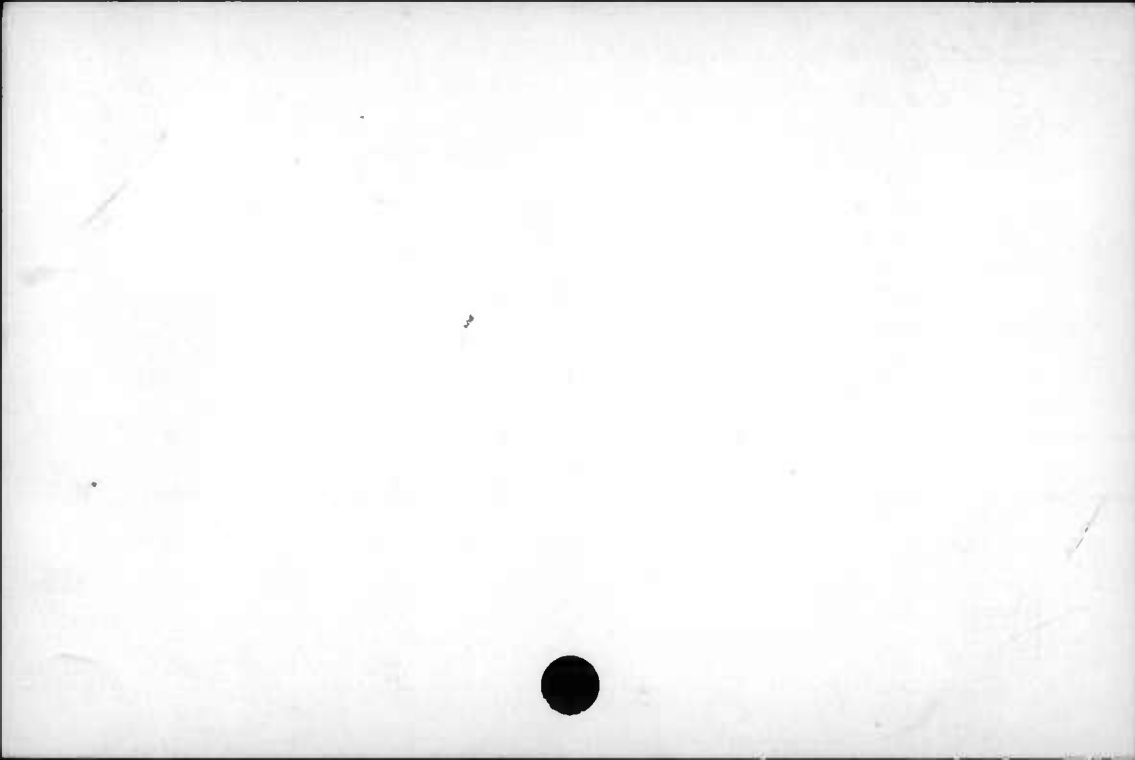
L. M. Parker M.D.
Congress Heights
D.C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Still born Infant				Parker		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Seabrook		Town		Prince George		County	
	Date of death		1907	Month Oct	Day 4	Age	Years	Months	Days
	Sex	Male		Color or Race	col a		Birth- place	Maryland	
	Occupation					Where Residing if not at place of death			
					Maryland				
	Married, Single or Widowed			Name of Wife or Husband					
	Father's Name	Moses Parker				Father's Birthplace	Maryland		
Mother's Maiden Name	Prussilla Hawkins				Mother's Birthplace	"			
Name of person giving In formation	Moses Parker				How related to deceased	Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Still born Infant				How long	—		
	Immediate	Still born infant				How long	—		
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	None		
						Address	Mitchelsville		
	Accident or Suicide?					Walter Ryon Local Reg.			



Name
in
Full

Aggie Perry
Marlboro.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1907	Oct	16	Age	4		
Sex	Female		Color or Race	Black		Birth-place	A Geo Co. Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Thos Perry		Father's Birthplace		
Mother's Maiden Name			Galloway		Mother's Birthplace		
Name of person giving information			Stephen Perry		How related to deceased		
					Grand father		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bunchitis	How long	Don't know
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

(m)

Upper Marlboro Md

The child was brought to
my office Oct-9th 1907-
and upon examination
I found it suffering
from acute bronchitis -

I did not see it again
and heard nothing more
until its death was
reported.

L. G.

Name in Full		Clement Huddle Pigg				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Brentwood		Prince Georges		MARYLAND		
	Date of death	1907	Month 10	Day 22	Years 3	Months 7	Days -	
	Sex	Male		Color or Race	White		Birth- place	D. C.
	Occupation	-			Where Residing if not at place of death			-
	Married, Single or Widowed	-		Name of Wife or Husband		-		
	Father's Name	Clementine Pigg				Father's Birthplace	North Carolina	
	Mother's Maiden Name	Martha Rebecca Webb				Mother's Birthplace	Virginia	
Name of person giving Information	Clementine Pigg				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Scarlet Fever				How long	1 week	
	Immediate	Membranous Angina				How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Harry Kelley M.D.	
	Accident or Suicide?					Address	Art. Rainier Ind.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

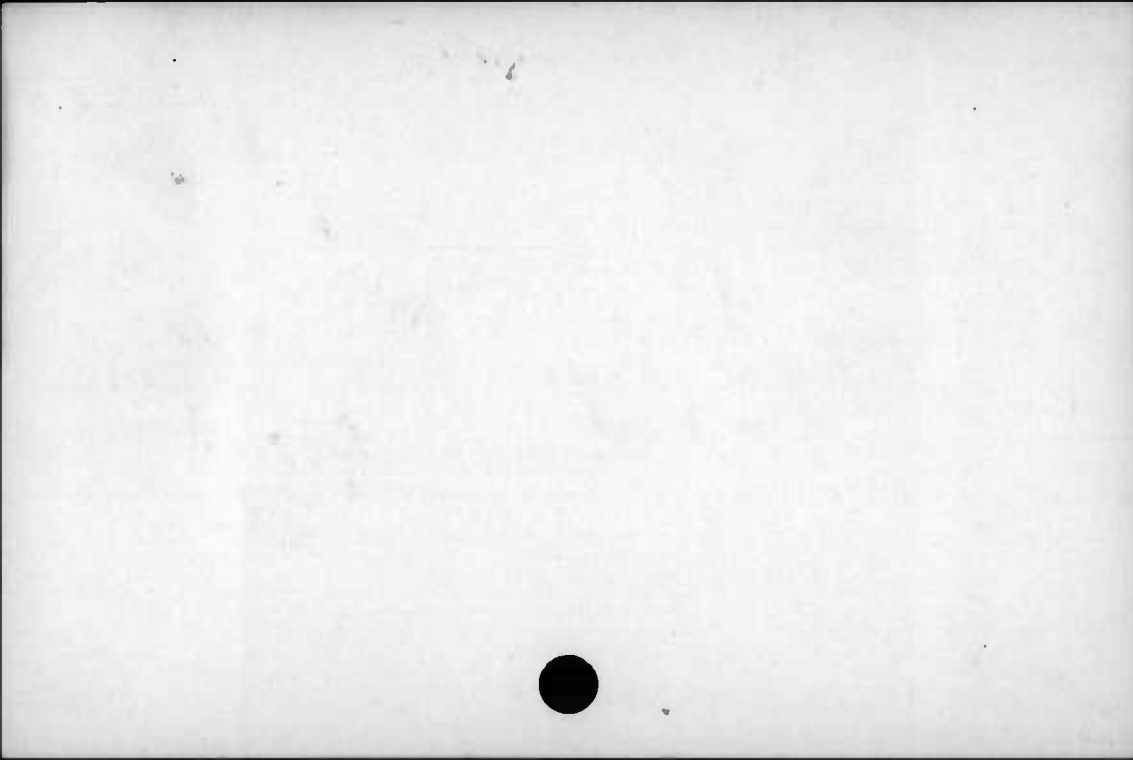
Died at <i>Upper Marlboro</i>		Town		County		State	
Date of death <i>1907</i>		Month <i>Oct</i>	Day <i>18</i>	Years <i>67</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place			
Occupation <i>Section Manager of Penn R.R.C.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ann Carrick</i>					
Father's Name <i>John H. Redwiles</i>		Father's Birthplace <i>A. A. G. Md</i>					
Mother's Maiden Name <i>Huletinson</i>		Mother's Birthplace <i>A. A. G. Md</i>					
Name of person giving information <i>Ann Redwiles</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastritis & ulceration of stomach</i>	How long	<i>12 yrs</i>
Immediate	<i>Peritonitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Gifford</i>	
<i>As far as I know</i>		Address <i>Upper Marlboro Md</i>	
Accident or Suicide?			



Name
in
Full

Ada May Frost Ricks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berryman</i> ^{Town}		<i>Penn</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Oct</i> ^{Day} <i>2</i> ^{Years} <i>24</i> ^{Months} <i></i> ^{Days} <i></i>		Age <i>24</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i></i>	
Occupation <i>Homemaker</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Chas. Arthur Ricks</i>			
Father's Name <i>John Frost</i>		Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Jura Keys</i>		Mother's Birthplace <i>Ma</i>			
Name of person giving information <i>John Frost</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>18 mos</i>	
Immediate <i>Renal exhaustion</i>		How long <i>3 mos</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. B. Johnson M.D.</i>	
		Address <i>Berryman Md</i>	
Accident or Suicide? <i></i>			

Hester & Phair

Laure Ma

Name
in
Full

Ethel Viola Ricks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berry</i>		Town		<i>Prince George</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>2</i>		Age <i>1</i>		Years	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Berry Md</i>		Months		Days	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Chas A Ricks</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ada May Frost</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information				How related to deceased					

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary <i>Congenital tuberculous</i>		How long <i>since birth</i>	
Immediate <i>Exhaustion</i>		How long <i>since birth</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R B Johnson M.D.</i>	
		Address <i>Berry Md</i>	
Accident or Suicide?			

For Foster Pharo

Leaves, 1812

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Catherine Saroy.*

Town *Agraves.* County *P. Co.*

Died at *Agraves.*

Date of death *1907* Month *Oct* Day *11* Age *72* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *md.*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *mdon* Name of Wife or Husband *Charles Saroy.*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Sar Saroy.* How related to deceased *Daughter in law*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

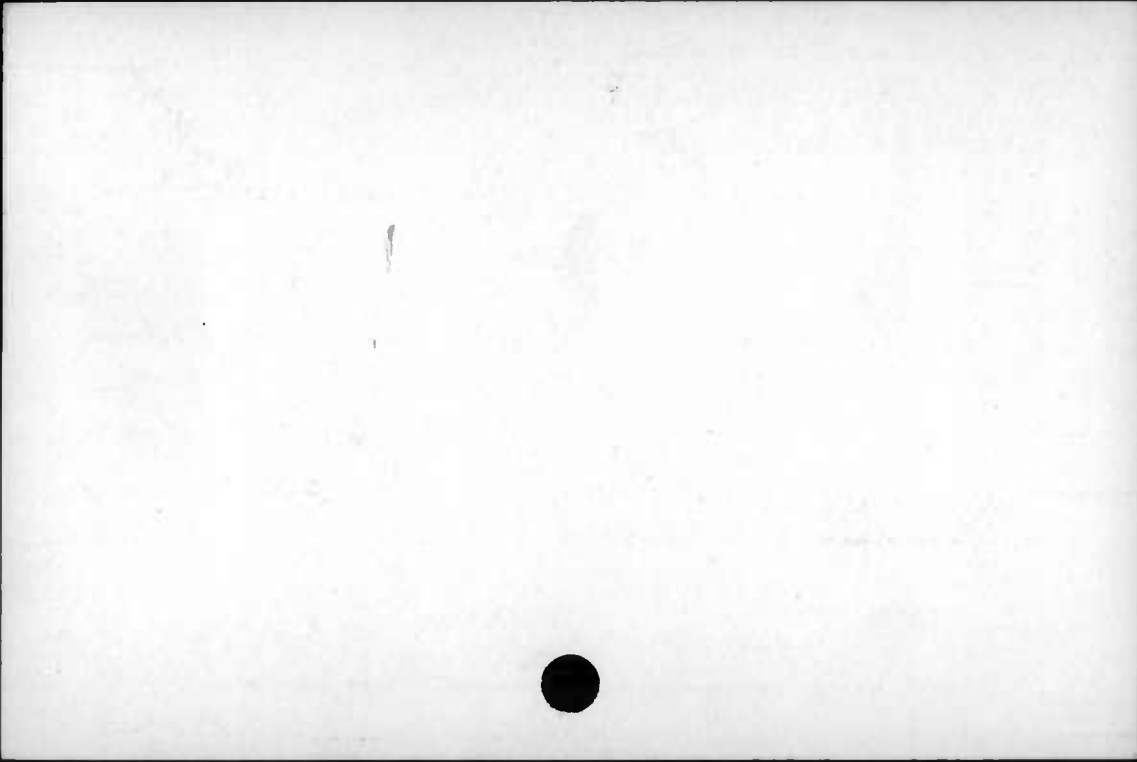
Primary *Chronic heart disease* How long *1 yr*

Immediate *Dyspnoea* How long *2 da.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Morton Barron* Address *Agraves. md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robt Sellman

Died at *Upper Marlboro'* *P. Geo* County

DATE of death 1907 *Oct* Month *29* Day Age *1* Years Months *1* Days *13*

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband _____

Father's Name *Wilson Sellman* Father's Birthplace *Md*

Mother's Maiden Name *Susan Curran* Mother's Birthplace *Md*

Name of person giving information *Wilson Sellman* How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Gastritis* How long *2 weeks*

Immediate _____ How long _____

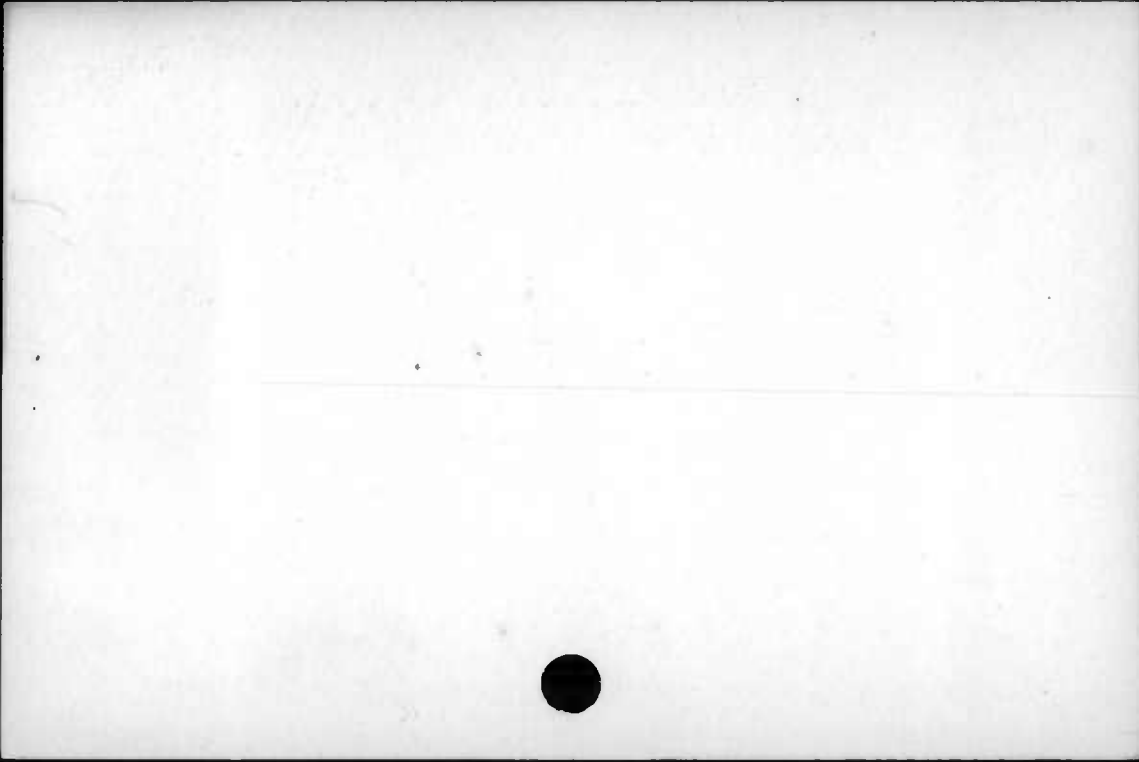
Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician *Mareen D. Kumer*

Address *Upper Marlboro.*

Md.

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

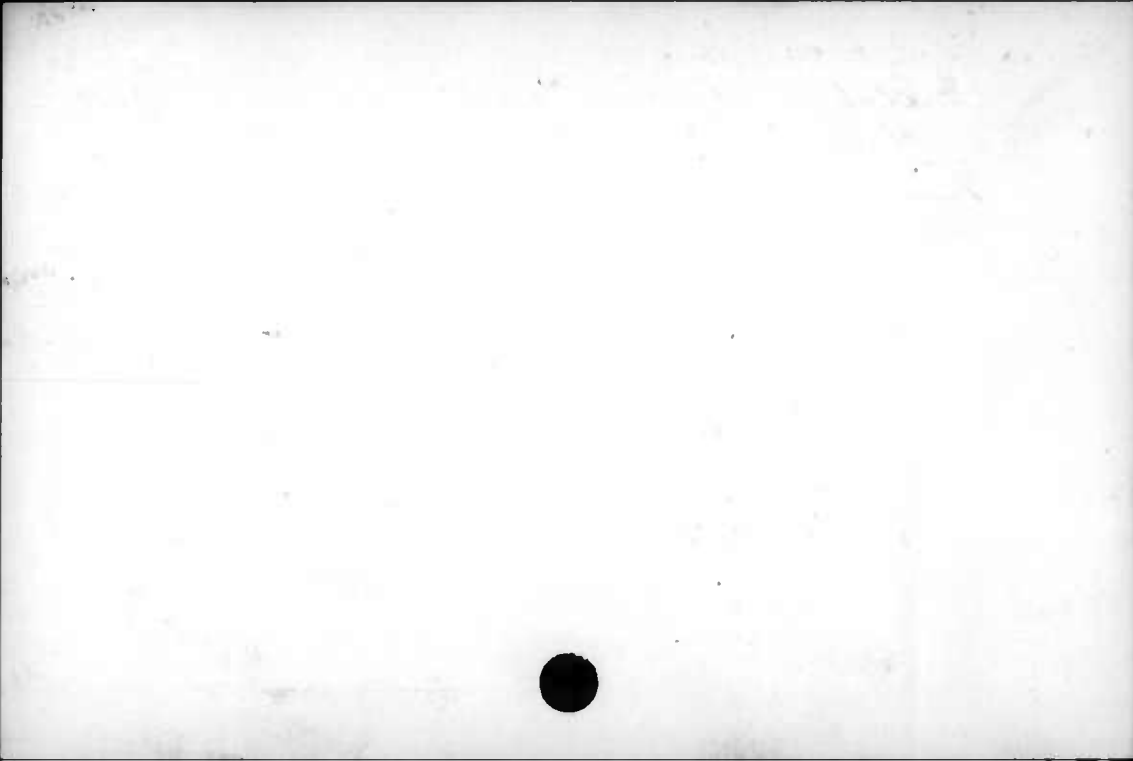
Died at <i>Mitchellville</i>		Town <i>Sheppard</i>		County <i>Prince George</i>		MARYLAND	
Date of death <i>1904 Oct.</i>		Month <i>9th</i>		Day <i>9th</i>		Years <i>30</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Thomas Sheppard Jr.</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Robinson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Thomas Sheppard</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>About 20 days</i>
Immediate <i>Emaciation</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry J. Smith</i>
	Address <i>St. Paul, Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Manda M. Smith*

Died at *Broad Creek* ^{Town} *Pr. Geo.* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *10* ^{Day} *21* Age *10* ^{Years} *10* ^{Months} *10* ^{Weeks} *10* ^{Days} *2*

Sex *Female* Color or Race *White* Birth place *D. C.*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Unknown* } *Orphan* Father's Birthplace *-*

Mother's Maiden Name *IC* } Mother's Birthplace *-*

Name of person giving information *Caroline Rudolt* How related to deceased *Foster Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *1 day*

Immediate *Toxemia & Exhaustion* How long *-*

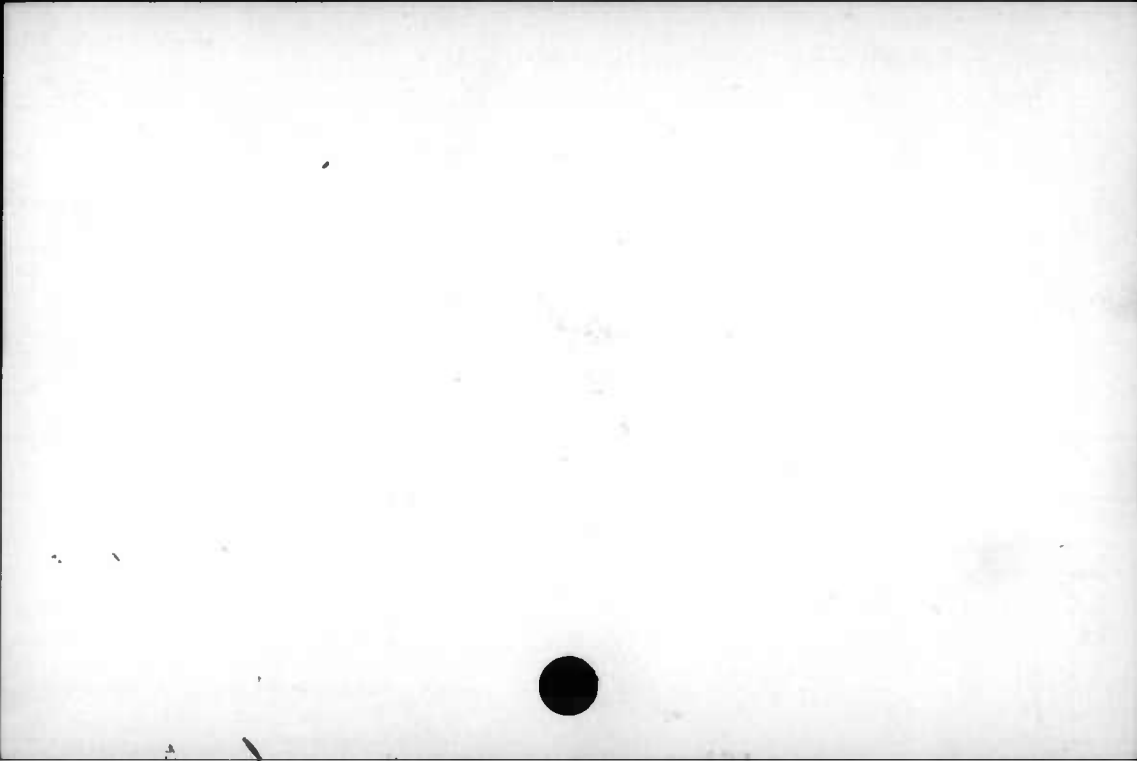
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. P. Simpson M.D.*

Address *-*

Accident or Suicide? *-*

ROSE CROFT,
PR. GEO. CO., MD:
LIBRARY BUREAU 48816



Name
in
Full

Rlt M. Thompson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bright seat

Prince Georges

Date

1907

Month

October

Day

8

Years

54

Months

Days

Age

Sex

Male

Color or
Race

White

Birth-
place

Washington DC

Occupation

Draftsman

Where Residing if not
at place of death

Loan Office

Married, Single
or Widowed

Yes

Name of Wife or
Husband

Sarah Corcoran M. Thompson

Father's
Name

S. John Thompson

Father's
Birthplace

Washington DC

Mother's
Maiden Name

Louisa Durall

Mother's
Birthplace

Maryland

Name of person giving
In formation

C. H. Grass

How related
to deceased

Brother in Law

CAUSES OF DEATH

79

Primary

Heart disease

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

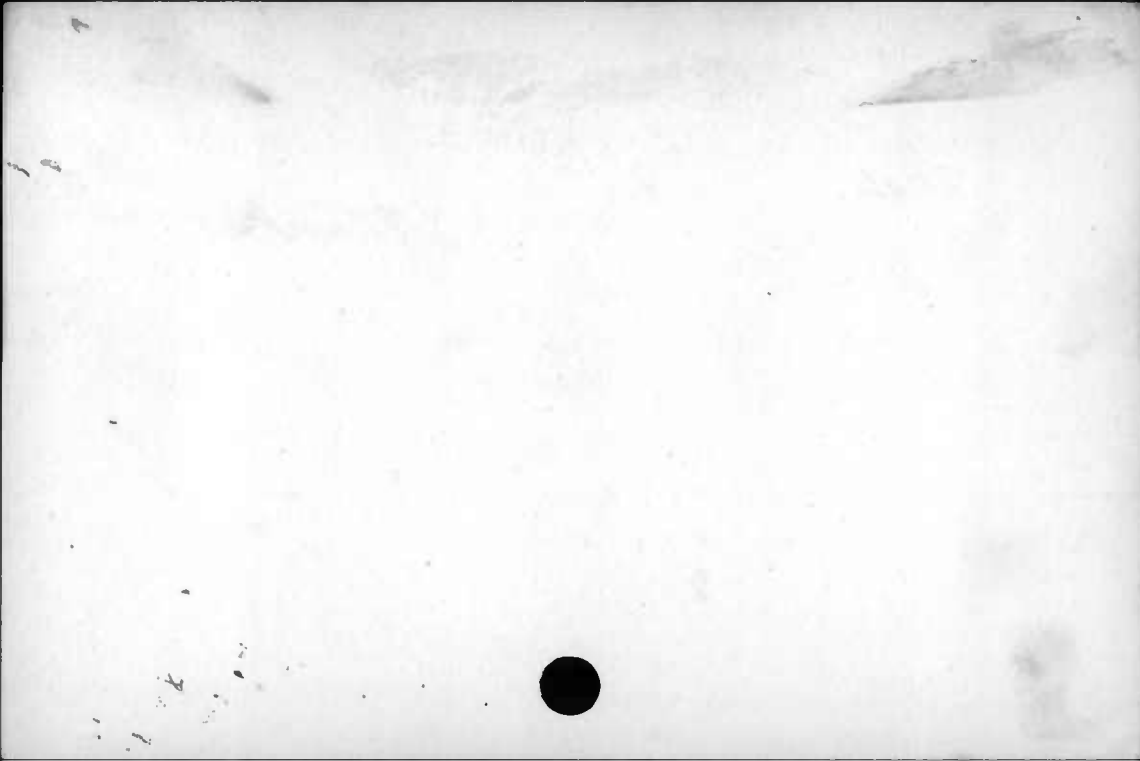
E. W. Dickend, Coroner

Address

Seat Pleasant Pr. H. Co
Kent district

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Wm Edward Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

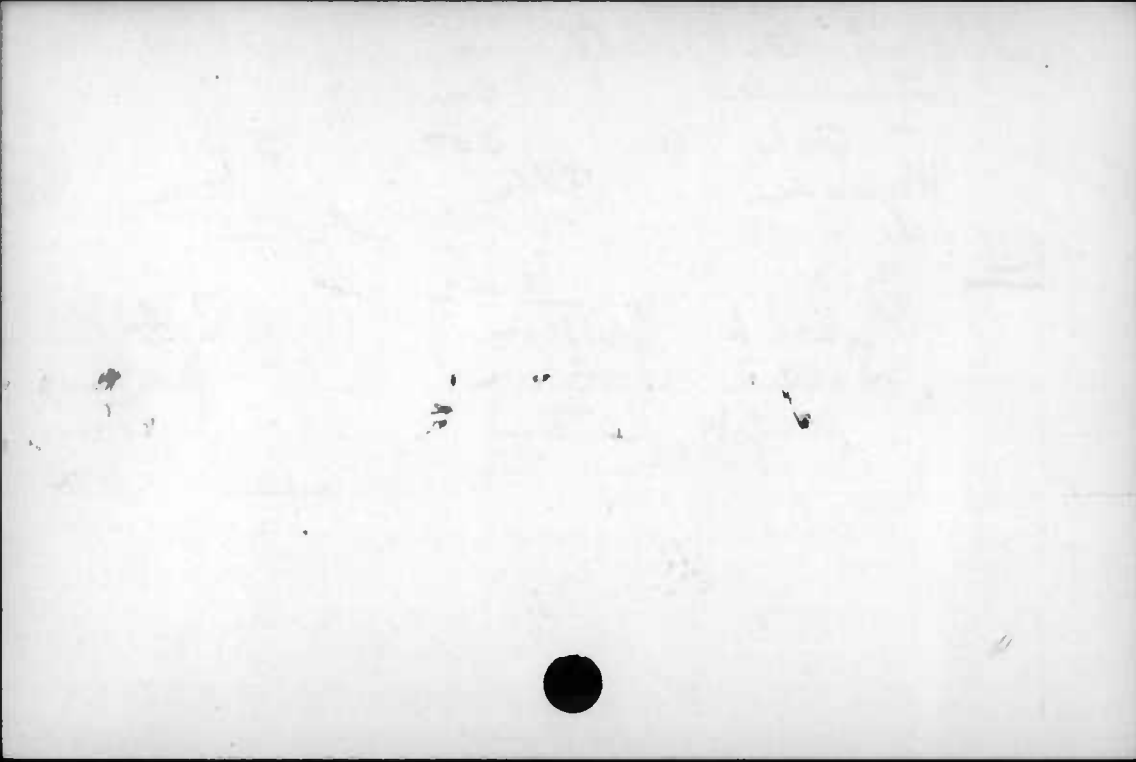
Died at		Town Munkirk		County Prince George		MARYLAND	
Date of death	1907	Month Oct.	Day 23	Age 13.	Years	Months	Days
Sex	Male.		Color or Race	Black		Birth- place	
Occupation	School Boy			Where Residing if not at place of death		Munkirk	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm Karm				Father's Birthplace	Wm Karm	
Mother's Maiden Name	Jane Warner				Mother's Birthplace	Ind	
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 mo.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. R. Smith
		Address	Laurel road
Accident or Suicide?			



Name
in
Full

Sarah E. Watkins

CERTIFICATE OF DEATH

Town

County

Died at

Lanham

P. 44

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

Feb

11

Age

35-

9

Sex

Female

Color or
Race

Black

Birth-
place

Ma

Occupation

Laborer

Where Residing if not
at place of death

Lanham

Married, Single
or Widowed

Yes

Name of Wife or
Husband

None

Father's
Name

Joseph Watkins

Father's
Birthplace

P. A

Mother's
Maiden Name

Sallie Colver

Mother's
Birthplace

Ma

Name of person giving
Information

Joseph Watkins

How related
to deceased

Father

CAUSES OF DEATH

120

Primary

Nephritis

How long

2 years

Immediate

Heart Failure

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

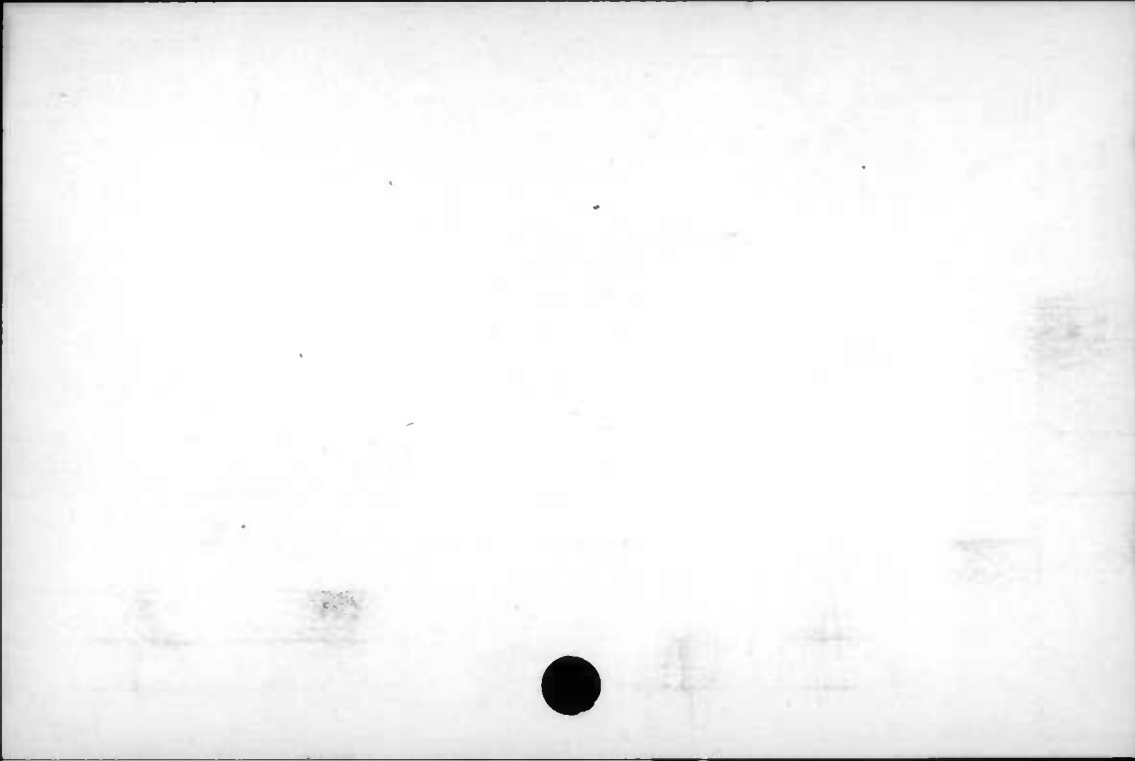
R. A. Hoxby

Address

Lanham Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

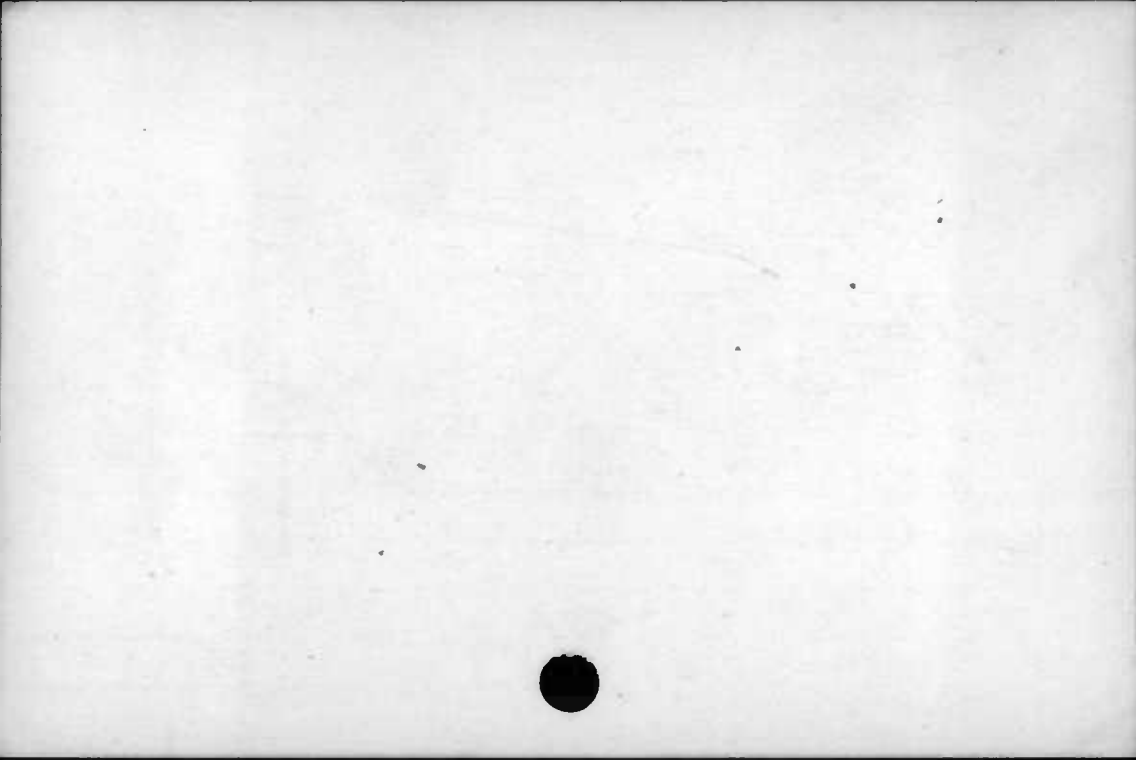
Father's Name	<i>H. V. Williams</i>	Father's Birthplace	<i>MS</i>
Mother's Maiden Name	<i>Eugenia Loderer</i>	Mother's Birthplace	<i>MS</i>
Name of person giving information	<i>Eugenia Loderer</i>	How related to deceased	<i>Mother</i>

CAUSES OF DEATH

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician *Dr. Harold B. B. B.*
Address *Samuel H. B.*

Accident or Suicide?



Name
in
Full

Rachel Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rosaryville</i> ^{Town}		<i>Pr Geo</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Oct</i> ^{Month}	<i>21</i> ^{Day}	<i>68</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>72nd</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Ralph Young</i>				
Father's Name <i>George Brown</i>	Father's Birthplace <i>Wid</i>				
Mother's Maiden Name <i>Armenia Carroll</i>	Mother's Birthplace <i>Wid</i>				
Name of person giving information <i>Richard Young</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial Regurgitation</i>	How long <i>102 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. St. Gibbons</i>
	Address <i>Croam Md.</i>
Accident or Suicide?	

